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**The Phenomenology of Anomalous Experience:
Perceiving the Human Energy Field**

*A thesis presented in partial fulfillment of the requirements
for the degree of Master of Arts in Psychology*

*Massey University, Palmerston North,
New Zealand*

Rochelle Cooper
2003

Abstract

The construct of an energy field or aura surrounding and/or interpenetrating the human body dates back at least five thousand years, and is a cornerstone of many ancient and contemporary healing approaches. Belief in, and reports of aura perception continue to be widespread across a large number of cultures in contemporary times. Despite increasing public interest and popular press publications, little attention has been paid to this topic within mainstream psychology. Even within anomalistic or parapsychology, most studies have been limited to investigating rates of reported belief or experience. There appear to be no studies in the literature which map the phenomenological features of this experience.

A four model framework suggested by earlier researchers is used to synthesize and review both academic and non-academic literature. Explanations for aura perception from the perspectives of the Psychical Model; the Scientific Model; the Clinical Model; and the Aura Imagery Model are considered.

Interpretative phenomenological analysis was used to investigate in depth reports of aura perception in twelve subjects, in order to explicate the parameters of claimants' accounts, and chart the textural aspects of their experiences. Four master themes of 'The Phenomenon', 'Perceiving', 'Sharing the Experience, and 'Making Sense of the Experience' emerged from the analysis as being core aspects of the phenomenology of aura perception. Findings are considered alongside the four-model framework in order to suggest the most profitable direction for future research on this topic. Further investigations paralleling those used in the study of synesthesia are recommended, along with examination of the possible relationship between empathic sensitivity and aura perception.

Acknowledgements

This study could not have taken place without the generosity of the twelve participants, who willingly gave up their time to share often deeply private experiences.

Thanks to Capital & Coast District Health Board Nursing Scholarship Fund for their financial support to attend a workshop related to this topic.

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1. INTRODUCTION

The construct of an aura or energy field surrounding and/or interpenetrating the physical body is a cornerstone of many ancient and contemporary healing approaches, and is central to understandings of personhood and spirituality in many cultures. People all over the world have reported perceiving auras around others throughout the centuries, and the existence of auras has been asserted by mystics and postulated by philosophers and scientists. More recently there have been claims that their existence is able to be demonstrated with newly developed technology.

Such claims make up part of a greater collection of reported anomalous experiences which have been dismissed as topics of serious study from orthodox psychological inquiry and left to the domain of the somewhat marginalised sub-specialty of parapsychology. Even within this sub-specialty, reports of the phenomenon of aura perception have attracted little attention, meaning that such experiences remain largely unexamined by a discipline which purports to study the individual. This is undoubtedly due in part to a lack of verification meeting traditional scientific standards that there exists an objective external energy field surrounding human beings, but also because such reports often assert a spiritual dimension to this construct, contesting traditional empiricist assumptions about how human beings function in the world.

A premise underlying this study is that there is greater value in a discipline that is open to the examination of reports underlying folklore and cultural beliefs, than one which dismisses constructs and indeed whole areas of human experience *a priori* because such things *cannot* have validity under the prevailing scientific paradigm. The value of such studies should not be weighed solely on results confirming or contradicting existing understandings of scientific laws, but also on how they contribute to our understanding of what it means to be a human being. It is suggested that psychology as a discipline has progressed

sufficiently within the last decades to reexamine claims of such phenomena with matured epistemological and ontological premises, and with a greater range of methodological tools. Making the need for such a reexamination more compelling is the increasing, but often uncritical public interest in anomalous experiences in general, and in the construct and reported perception of human energy fields in particular. Despite a historic avoidance of such topics, psychology is uniquely positioned and qualified as a discipline to undertake such a reexamination.

The following introduction begins by locating the construct of the aura within time and space - a necessary consideration given this construct is surprisingly ancient. A brief history of the study of anomalous experience in general within psychology is then considered, this being a sensible and inevitable starting point for a review of studies pertaining to the human aura. Conceptual frameworks for considering aura research are then discussed, and provide the framework for discussion of both academic and non-academic material which follows. This inclusion of material from beyond modern psychology was considered necessary in order to sufficiently contextualise this phenomenon and its study, given there has been little academic treatment of this subject within the discipline. An explanation of the aims and objectives of the current research concludes the introduction.

While many individuals and traditions would extend the existence of an aura or energy field to animals, plants and even non-living things, the focus of this study is specifically on reports of perceiving the *human* aura. The terms 'aura' and 'human energy field' are used interchangeably, reflecting the label used in folklore and the older, more mystical traditions, and more modern approaches to the subject respectively. The term 'aura' is also used in neurology to label a variety of subjective experiences reported as immediately preceding various types of migraine and epileptic activity, including déjà vu and somatic or olfactory sensations. The neurological meaning of this term should not be confused with the subject of this study.

1.1 History of the Construct of the Aura

The claim that humans are enveloped in a radiating luminous cloud surrounding and/or interpenetrating the body is not a new one, and this construct appears to have been part of many cultures' beliefs and traditions for millennia. Sacred images from early Egypt, India, Greece and Rome used this convention before it became so popular in Christian art, and before the aura was considered an attribute of everyday mortals.

The most often quoted source of the oldest recorded reference appears to be the Upanishads, ancient Hindu Vedic texts over five thousand years old. They speak of a universal energy called *prana*, which moves through all forms and gives them life. These texts also refer to points on the body called *chakras*, a Sanskrit word meaning literally 'spinning wheel', where energy is thought to enter and leave the aura (Brennan, 1987). These constructs have informed Indian spiritual beliefs and healing practices for thousands of years and continue as part of Indian understandings of health and illness today.

In the 3rd millennium BC the Chinese also proposed a similar vital energy called Ch'i, which comprised all animate and inanimate matter. Ch'i was also conceived of as containing the polar forces of *yin* and *yang*, and of moving through the body in *meridians*, or streams of energy (Brennan, 1987). It is upon these constructs that the ancient practices of acupuncture and reflexology were founded and continue in the present day.

The construct of the aura continues to be part of cultural understandings in contemporary times. White and Krippner (1977) compiled a list of 97 cultures that have references to auric phenomena using 97 different names. This suggests a universality to the experience of perceiving the human energy field, or at least the sharing of a common construct, in

addition to the historical references to the aura dating back five thousand years.

1.2 The Study of Anomalous Experience

Psychological interest in anomalous experiences dates back to the inception of the discipline at the end of the 1800's, when investigation into such experiences was pursued personally and professionally by some of the founding figures of psychology such as Carl Jung (1965) and William James (1902). The Society for Psychical Research was founded in London in 1882 with the purpose of investigating such experiences from a scientific perspective, and three years later the American Society for Psychical Research was founded in Boston by William James, amongst others (Griffin, 1997). However, as psychology sought to align itself with the natural sciences and behaviorism became the prevailing hegemony, 'religious' and even subjective experiences ceased to be the subject of proper psychological inquiry. While the 'turn to cognition' has reestablished the respectable study of subjective experience, reports of aura perception, contact with the dead, near death experiences and claims of other such phenomena continue to present a challenge to the discipline.

The use of the term 'anomalous' in psychology is quite recent, being proposed by anthropologist Roger Westcott (1977) to prefix the name of the discipline that dealt with paranormal phenomena. This term derives from the Greek 'anomalos' meaning a deviation from the common rule, type or form, or something abnormal, incongruous or inconsistent. That which is anomalous is in contrast to 'homalos', or that which is the same or common (Cardena, Lyn & Krippner, 2000). An anomalous psychological experience is therefore one which will *"contradict commonsense or institutionalized (scientific or religious) knowledge"* and is *"anomalous to our generally accepted cultural storehouse of truths"* (Truzzi, 1971, p 637).

The importance of this name change, both in reflecting and changing attitudes about the study of such phenomena, should not be underestimated. Previous terms reflected quite literally the schism between mainstream psychology and the sub-specialties which studied such experiences - 'parapsychology' and 'paranormal' are both prefixed by a term meaning beyond; 'supernatural' means quite literally that which is over or above the natural. The study of such things has therefore largely been considered as beyond, over and above the discipline of psychology. The newer term reinstates the study of such phenomena within mainstream psychology, allowing for a reexamination and greater cross-fertilization of ideas and research findings.

Belief in and reports of Anomalous Experience

As the following collection of studies show, anomalous experiences are reported as reasonably common within the general population and appear to be made sense of within existing cultural beliefs and folklore.

In 1974 in the United States a community mail survey of psychic experiences completed by over 600 students and townspeople in Virginia found claims of psychic experiences were widespread, with over half of the respondents reporting at least one extra-sensory experience (Palmer, 1979). Over fifteen years later a Gallup national survey on belief in paranormal phenomena among adult Americans produced similar evidence of widespread belief, with over half of the sample asserting a belief in extra-sensory perception, and a quarter in clairvoyance and ghosts. A quarter reported having had a telepathic experience and one in six reported having had contact with the dead (Gallup & Newport, 1991).

Haraldsson (1985) found comparable results in European countries when he gathered findings from a number of large representative surveys carried out in the 1970's and 1980's containing questions on belief in and experiences of psychic phenomena. While different response alternatives and translation difficulties complicated the

comparison of data across countries, there was similar evidence of widespread belief in the existence of psychic phenomena. For example, the majority of respondents in the Icelandic, Swedish and Great Britain samples believed in the validity of psychic dreams. In Iceland, Great Britain and the United States at least 60% of subjects reported personal psychic experiences.

A representative survey conducted in Scotland investigated the incidence of what is known locally as 'second sight', a term referring to a variety of prophetic visions or symbols which are perceived spontaneously and often relate to events such as accidents or death. Reports of such experiences ranged from 10 to 33% across four geographical regions (Cohn, 1994). Those reporting second sight in family members were significantly more likely to report having second sight themselves, even when relatives were restricted to blood relations. There is a long Celtic tradition of reports of second sight, which is generally accepted in these areas as a natural ability and believed to have a familial tendency.

New Zealand data on anomalous experience is scarce, with only one study located which reported comparable phenomena (Clarke, 1991). This was in a non-representative sample of 1048 internal and extra-mural university psychology students asked to indicate their degree of belief in and experience with 17 paranormal and religious phenomena. Results showed that overall more than 80% of the sample believed in at least one paranormal or religious phenomenon and 60% reported having had a paranormal or religious experience. A further qualitative study by the same researcher (Clarke, 1995) found that personal experience with a phenomenon, and influence of significant others' reported experiences were the most important contributors to belief in such phenomena.

While it is important to note these surveys dealt with reported but un-investigated ostensible psychic experiences, these results still tell us much about the degree of acceptance of such beliefs within mainstream

culture in a number of western nations, and the frequency with which subjective experiences are labeled in this way.

1.3 The Study of the Human Aura

Although much has been written about the aura in popular and occult literature, the most notable feature of academic literature pertaining to this phenomena is it's scarcity. Searches conducted using the PSYCINFO data base (1887 to December 2001) with 'human aura' and 'human energy field' as mapping terms produced only 17 references in total, with four of these for publications prior to 1940. While it is not surprising to find literature on the aura hardly features within mainstream psychology, there is also little specific mention of this phenomenon within the anomalistic or parapsychological literature (Alvarado & Zingrone, 1994). For example, there is no specific discussion of the aura in Reed's "The Psychology of Anomalous Experience" (Reed, 1972), nor in the most recent comprehensive review of studies of anomalous experience (Cardena et al, 2000). Many of the references to auras found in extended literature searches were in relation to wider studies on the prevalence of beliefs in the paranormal and the incidence of such reported experiences.

Belief in and Reports of the Human Aura

Haraldsson's (1985) Icelandic sample found 7% of women and 3% of men reported having experienced this phenomenon, averaging 5% for this representative sample. One third of the sample said they could do so voluntarily (as reported in Gissurarson & Gunnarsson, 1997). Palmer (1979) found comparable results in his community mail survey with 5% of residents and 6% of students reporting this experience. Alvarado and Zingrone (1994) compiled incidence rates for a number of studies, showing randomly sampled groups have reported incidences between 0 and 28% - the latter for members of a tribe in a remote rural community in the Philippines. Non-randomly sampled groups have reported a higher incidence of aura perception, ranging between 9 and 47-48%.

These latter two groups were members of the Association of Research and Enlightenment (a group dedicated to the work of renown American psychic Edgar Cayce), and a group of marijuana users respectively. Clarke's non-representative New Zealand sample found 46% had 'some' or 'strong' belief in auras (Clarke, 1991), while 23% reported personal experience of aura perception (Clarke, 1995).

In most of these publications it is not noted if definitions or criteria are specified for aura perception or other phenomena covered in these self-report surveys, or whether definitions are standardized across countries when comparing surveys. Without such parameters being explicit it is possible that lack of clarity relating to the meaning and translation of such terms as 'clairvoyance' and 'extra-sensory perception' may result in the experience of perceiving auras being subsumed or excluded under these other categories. For example, several of the European surveys noted by Haraldsson (1985) did not have a specific category for reporting belief in or personal experience of aura perception as a separate category, yet aura perception is often understood as a function of clairvoyance or extra-sensory perception in folklore. This illustrates one of the major challenges in drawing conclusions from cross-cultural data on aura perception and other similar experiences, and an issue that needs to be considered regarding the validity and usefulness of such findings.

1.4 Conceptual Frameworks in Aura Research

Early Models

As might be expected with a topic that has attracted scant academic attention, there has been little development of conceptual frameworks or models to further understanding of reports of aura perception. Even given the lack of any acceptable scientific explanation of the aura as an objective phenomenon, surprisingly few attempts have been made to

speculate upon why reports of aura perception have been so widespread across time and place.

One of the earliest attempts at a psychological explanation of reports of aura perception suggested this phenomenon may be the result of '*unconscious dramatization*', a convenient way in which the unconscious mind presented information about the subject, possibly obtained via extra sensory perception, to the conscious mind (Ellison, 1962). The obvious difficulty with Ellison's explanation is that it rests in part on one reported anomalous experience to account for another. Ellison's contribution is not without merit however, as not only has his original proposal reemerged in more modern guises, but he attempted to progress research by suggesting it's direction. Ellison argued that many aspects of anomalous experience might be resolved with closer study of perceptual processes, and that a "*deeper study of the mind at all it's levels is of the greatest importance in psychical research*" (1962, p. 364). Interestingly this advice has been unheeded until recently, and later models proposing ideas similar to '*unconscious dramatization*' make little reference to Ellison's proposal, although it is certainly possible other researchers arrived independently at the same explanation.

A decade after Ellison's (1962) publication, Tart (1972) considered some of the conceptual and methodological issues inherent in studying this topic and suggested four ways of conceptualizing the aura. The 'Psychical Aura' is that proposed to exist objectively but consisting of a currently unknown type of energy, and requires extra-sensory ability to detect. The 'Physical Aura' he termed as that made up of scientifically validated types of energy which may be detectable close to the body with current technology, such as thermal energy, electrostatic energy, and electromagnetic radiation. The 'Psychological Aura' he referred to as the mental concept of space around people which did not exist in an objective way, but which he felt was best illustrated in studies of invasion of personal space. Finally Tart proposed the 'Projected Aura' as a phenomenon existing only in the mind of the observer but which is

projected upon the observed person and experienced as a perception of an objective thing. Tart described this type of aura as an *information display system* whereby a range of information, including that received by extrasensory means, is delivered to the observer's consciousness and projected on the observed. In this model the observer is making an error in attributing his or her own information display process to something that exists in the outside world. This concept is clearly equivalent to Ellison's (1962) 'unconscious dramatization', and could be considered as a kind of 'reverse Rorschach' model of aura perception - instead of a physical stimulus (the ink blot) evoking subjective responses, subjective responses to the subject produce the appearance of an apparently physical stimulus (the 'aura').

Tart (1972) suggested the 'Doorway Test' as a way of further investigating some of these proposed concepts of the aura. In this test a target person stands close to the edge of a doorway on half of the trials so the physical body is not detectable while the aura, if it exists in an objective way, would emanate into the doorway space and be perceptible to a sensitive observer. Similarly, when standing further away from the edge of the doorway the aura should not be detectable. Tart attempted such an experiment some years later, using a single subject reputed to have considerable psychic ability. Despite reportedly favorable psychological conditions, the subject was correct on only half of the ten trials in identifying when the target person was standing next to the doorway - a result expected by chance (Tart & Palmer, 1979). Tart concluded these results were not totally incompatible with some kind of psychic component to the aura, and that his subject's reports of aura perception were not a matter of detecting something that was objectively located in the space immediately adjacent to a person's body. He felt these results were explainable by the concept of the 'Projected Aura'.

Rosa, Rosa, Sarner and Barrett (1998) used a version of the Doorway Test to investigate perception of the human energy field by Therapeutic Touch practitioners, and found similar results. Therapeutic Touch is a

widely used nursing practice in which the practitioner manually manipulates the subjects energy field above the clients body - despite the name, Therapeutic Touch does not involve physical contact with the subject. The researchers' determined that the definitive test of Therapeutic Touch was not a clinical trial of its alleged therapeutic effects, but a test of whether practitioners could actually perceive energy fields. Twenty-one subjects with 1 to 27 years experience of Therapeutic Touch were tested under blinded conditions to determine whether they could correctly identify which of their hands was closest to one of the investigators hands. Before testing, subjects all claimed they could use Therapeutic Touch to significant therapeutic advantage, and described sensory (rather than visual) cues they used to assess and manipulate the energy field, such as *"tingling, pulling, throbbing, hot, cold, spongy, and tactile as taffy"* (Rosa et al., 1998, pg 1007). In this experimental design subjects rested their hands approximately 25-30cm apart with palms upward, with vision being obscured by an opaque screen and a draped towel. One of the researchers then placed her hand palm down 8-10 centimeters above one of the subject's hands, determined by the flip of a coin, and the subject was given as much time as needed to indicate which hand was nearer the experimenter's hand. Subjects identified the correct hand in only 44% of the total 280 trials, which as with Tart's (1979) results is close to what would be expected for chance. There was no correlation between individual practitioner's scores and length of experience using Therapeutic Touch. The researchers concluded that practitioners inability to detect the energy field in this experiment constituted evidence that the claims of Therapeutic Touch are groundless, and further professional use was unjustified. This study employed an elegant design and is of value in it's replication of previous similar findings, however a derisive undertone is unmistakable, and it makes no contribution to furthering understanding of the widespread reports of aura perception.

Tart's ideas and conceptual model were more recently taken up by Icelandic researchers Gissurason and Gunnarsson (1997). Ten subjects

who claimed to see auras at will, including some professional psychics, and a control group of nine subjects claiming no special abilities, were tested using another variation of the Doorway Test. Subjects were asked to determine behind which of four randomly chosen opaque screens one of the researchers was standing, by attempting to detect the researcher's aura extending from the side of the screen. Despite a large number of trials, again results showed the success rate was no better than chance for either group, leading researchers to conclude their study showed no evidence of aura vision.

In addition to replicating findings of similar studies, the greater contribution by Gissurason and Gunnarsson (1997) is to offer a thoughtful update of Tart's (1972) model in an attempt to progress research in this field. They propose a four-model framework similar to Tart's, dropping his concept of the 'Psychological Aura' and adding 'The Clinical Model', and elaborating on the 'Proposed Aura' to create 'The Aura Imagery Model'. An expanded version of this framework will be used to discuss further literature on the aura for several reasons. Apart from the earlier work of Ellison (1962) and Tart (1972) on which it builds, there were no other conceptual frameworks for studying the aura located in the literature. This means it is the most contemporary conceptual model available from which to consider the results and analysis of the current study. This four model framework can also be thought of as presenting various discourses on the aura, and so allows for integration of both academic and non-academic material, which is otherwise difficult to synthesize in a meaningful way.

1.5 The Four Model Framework

The Psychical Model

The Psychical Model proposes the existence of the aura as an objective reality in the external world, hitherto undetected by existing scientific

technology. Claimants' reports are treated as genuine as they are assumed to perceive a real phenomenon to which people are differentially sensitive. The aura generally has a psycho-spiritual nature in this discourse. Because the premises of this model do not fit well with the traditional scientific approach, in that the phenomenon is accepted as having an objective reality without verification meeting scientific standards, publications exemplifying this model are not found in academic literature. However examples abound in the popular press, and the following material has been selected to illustrate this model because it represents either first-hand reports of aura perception from prominent proponents of this model, or relates to a special area, such as the reported experiences of children.

Theosophy

The Theosophical Society was founded in New York in 1875 by Russian H. P. Blavatsky and American journalist and lawyer H. S. Alcott, and five years later settled its international headquarters at Madras in India. Theosophy sort to integrate the common principles and beliefs underlying all the major religions with science and philosophy, at a time when Eastern and Western worldviews were diametrically opposed. Drawing heavily on Eastern spiritual concepts such as reincarnation and karma, it has at times been misunderstood as "an occult religion" (Rosa et al, 1998, p. 1006). However, Theosophy is open to anyone regardless of religious background, and encourages members to study comparative religions rather than change their faith (Wood, 1924; Cooper, 1964).

The Society's cofounder Blavatsky (1950) and a number of prominent members such as Leadbeater (1952; 1977) and Besant (1960; 1992) published comprehensive and consistent accounts of the workings of the human energy field based on their own reported perceptions. Four distinct interpenetrating layers of the aura are referred to in Theosophical works, being the inner-most etheric double or etheric body; the emotional or astral body; the mental body; and the causal or soul body. The etheric body is described as a striated bluish-grey mist extending

outwards for less than an inch, with the straight or drooped arrangement of the striations indicating the general health of the physical body. The etheric body is purported to conduct prana or vitality through the body via the nervous system and out through the skin. The astral body is reported as an oval shaped form extending on average one and a half feet from the body, having the appearance of a mist of various colours which change in relation to the emotional and mental state of the subject. These colours are consistent across subjective states of individuals, for example, rose is said to correlate with affection or love; grey with fear; blue with devotion; and scarlet red with anger. The mental body is described as of a similar size and shape to the astral, but more radiant and with clearer colours, particularly variations of yellow light which accompany intellectual activity. Strong thoughts and feelings are said to produce forms and waves in the astral and mental bodies, which radiate out in all directions. The causal or soul body, which in Theosophy is also called the *Ego*, is said to be the mold on which the mental and emotional bodies are fashioned. In it's developed state it is described as an ovoid of flashing iridescent light of many colours. As can be taken from these descriptions, the aura in totality is conceived of as the spiritual essence of a person, rather than being an artifact of the workings of the physical body.

Despite never having had a high profile or membership, it is hard to underestimate the influence of Theosophical thought in informing current treatises on the topic of the human aura from the perspective of the Psychical Model. Arguably no other single group or tradition has contributed so prolifically to the presentation of this construct within the public arena within the last century. The following proponents of the Psychical Model all appear to draw heavily on Theosophical concepts in description and explanation of the aura.

Shafica Karagulla

The work of neuro-psychiatrist Shafica Karagulla (1914-1986) deserves special mention here, in spite of, or perhaps because of the fact that

prior to her study of what she termed 'higher sense perception', her position on such phenomena was firmly in line with the Clinical model. Born in Turkey and educated in Beirut, Karagulla completed her medical residency in Edinburgh, Scotland, developing a special interest in hallucinations and electro-convulsive therapy. She was then invited to work with renown neurologist Wilder Penfield at the Montreal Neurological Institute in Canada, whose investigations at the time involved mapping out the different functions of the cerebral cortex. Based on her research with Penfield, in 1955 Karagulla co-authored an article in the British Medical Journal describing the psychical phenomena produced by electrical stimulation of the brain during craniotomy in subjects with temporal lobe epilepsy (Karagulla & Robertson, 1955). At this time she firmly believed all such phenomena were hallucinations or illusions, and could be explained by neuropathology. The year after this publication, however, she was introduced to the work of Edgar Cayce (1877-1945), an American whose reported psychic abilities she felt could not be adequately explained by the disciplines in which she had studied. Cayce reported a number of paranormal experiences beginning in his youth, and in adulthood while in a hypnotic state would speak on a wide range of subjects, including giving health readings for individuals present *and* living great distances away (Cayce, 1969; Karp, 1986). While Cayce reported seeing auras routinely in his non-hypnotic state, he did not refer specifically to auras in his hypnotic sessions. His inability to remember consciously the content of these sessions, to which he had no previous exposure or training, aroused Karagulla's curiosity and led her to search for explanations outside of her medical training.

For three decades from the mid 1950's until her death in 1986, she sought out people in the United States and beyond who were reputed to show similar abilities to Cayce's, which she termed 'higher sense perception'. This included the perception of auras, healing, remote viewing, dowsing, and psychokinesis. Karagulla was able to work over a number of years with a small group of 'sensitives' whom she felt exhibited particularly well developed and consistent abilities. In

accordance with her medical training Karagulla pursued a particular interest in reported perceptions of the human energy field in health and disease. In 1967 she published a book for the popular press collating her investigations into higher sense perception, noting consistent descriptions in reports of aura perception from widely separated sensitives which had convinced her it was necessary to entertain at least the hypothesis that such fields existed (Karagulla, 1967). Her collections of these reported observations suggested three clearly discernible but interpenetrating fields, beginning with the most proximal vital field or etheric body extending one to two inches from the physical body. This field was described as a sparkling web of light with filaments perpendicular to the body contour in a healthy individual. The effects of damage or disease were noted as changes in size, shape and intensity of the aura, which at times was reported as *preceding* any physical signs or symptoms of disease. The emotional field was described as extending a foot to eighteen inches, appearing as colours which would change rapidly at times, dependent on mood and interaction. The mental body was reported as extending two feet or more beyond the body. A number of Karagulla's informants also reported perceiving major energy vortices or chakras up and down the spine and a greater number of minor vortices elsewhere, through which energy entered and exited these bodies. The major chakras were reported as having a direct action on their corresponding endocrine glands, and via this mechanism on the functioning of the physical body itself.

In an attempt to gather and synthesize a range of case studies Karagulla collected extensive observations of the aura and chakras in both healthy and ill subjects in collaboration with one particular sensitive. Karagulla reported this woman was able to identify disorders in a number of patients based on their energy fields, which were then validated by medical records. From these cases she began making tentative hypotheses as to the principles and properties of the aura, and in particular the chakras. Unfortunately she did not complete this work before her sudden death in 1986, however, this material was edited and

published several years later (Karagulla & Kunz, 1989). This formulation of the human energy field is clearly very similar to that espoused in Theosophical literature, and the collaborating sensitive and second author of Karagulla's last book was Dora Van Gelder Kunz, a longtime president of the American Theosophical Society, and the co-founder of Therapeutic Touch.

Dora van Gelder Kunz and Therapeutic Touch

Therapeutic Touch was introduced in the United States in the early 1970's by Dora van Gelder Kunz and Dolores Krieger, the latter a nursing faculty member at New York University. Of the 17 publications located on the aura through the PSYCINFO search, five were either focused on Therapeutic Touch or referred to this practice in relation to the human aura. Arguably no other modality based on the concept of the human energy field has been embraced so closely to mainstream healthcare. Nurses make up the largest occupational group of Therapeutic Touch practitioners, which is practiced in over 80 hospitals in North America. This modality is taught in more than 100 colleges and universities in 75 countries, and is said to be the most recognized technique used by practitioners of holistic nursing (Rosa et al, 1998). It is promoted by many professional nursing organizations, has yielded its own assessment forms (Wright, 1991) and been applied to specialty areas of practice such as midwifery (Buenting, 1993). Not surprisingly, Therapeutic Touch is not without controversy or its opponents. The inclusion of the nursing diagnosis 'Energy Field Disturbance' by the North American Nursing Diagnosis Association (Carpenito, 1955), for which Therapeutic Touch is the only treatment, caused a storm of debate within and outside of the profession.

James Peterson - Aura Perception in Children

Another contribution to the Psychical Model in popular literature is included here as it is one of few studies on children's reported experiences. Educator James Peterson initially became interested in children's anomalous experiences while working as a camp counselor in

Pennsylvania, after overhearing an eight and nine year old boy discussing the colours they saw around him while he was meditating. Informal talks with children on a range of experiences developed into a post-graduate research project on the paranormal experiences of children. Peterson found nearly 7% of his subjects under the age of nine years reported psychic experiences on a daily basis. Peterson had a particular interest in reports of aura perception as this was the experience that stimulated his initial interest in this field. He believed aura perception was one of the most common types of anomalous experience for children, evidenced by the ease with which he was able to gather reports of this type for his research. Most of these children reported perceiving auras only intermittently and spontaneously in situations where there appeared to be an intensity of emotion present, for example, when someone was particularly angry or happy. However, a minority of subjects reported this as a volitional experience. Peterson draws heavily on the Theosophical model of the aura in discussing his findings, and anecdotal examples given are congruent with Theosophical treatises on the relationship between physical and emotional state and appearance of the aura. For example, Peterson reports a five year old boy, after observing Peterson smoking a pipe looked intently around his body and suggested he shouldn't smoke as it changed the white light around his body to blue, brown and black. One child reported 'pinky twinkles' all over his divorced father who had just fallen in love, while an eight year old drew a picture of red specks around the head of her teacher that were apparent to her only when the teacher became upset (Peterson, 1987, pp 51-52). Based on his finding that such anomalous experiences are common in children but reduce sharply at seven or eight years, Peterson proposed that such experiences were part of normal developmental progression, and represented a recapitulation of psychological functioning in earlier human development.

Barbara Brennan

A leading contemporary proponent of the Psychical Model, Barbara Brennan presents something of a quandary for the scientific

establishment. Although trained as a physicist and employed for some years as a research scientist for NASA, Brennan also reports clairvoyant experiences in her childhood, which began again when she changed career direction and began working as a therapist.

Brennan (1987; 1993) reports observing seven interpenetrating layers of the aura, and seven funnel shaped vortices or chakras positioned vertically through the centre of the body. Beginning with the first or etheric layer closest to the physical body, every odd numbered layer is described as structured with fine scintillating lines of light standing perpendicular to the physical body. Even numbered layers, beginning with the emotional body are described as having the appearance of coloured fluids in constant motion. Descriptions of properties and features of the aura in different mood states and in health and disease, such as shape, size and colour are generally consistent with those described in Theosophical literature. Brennan's work extends on the Theosophical model, however, in her explanation of the relationship between character structure and auric patterns. Developed over many years of therapy practice, her model is based on correlations between her observations of energy fields, and the physical and emotional problems of her clients.

Brennan's work is more than just a broad phenomenological account of her observations - similar to Theosophy she proposes a comprehensive psycho-spiritual model that unifies the body and mind and maps a holistic path for healing. Scientific explanations and medical knowledge are blended with intuitional insights and information from spirit 'guides'. Readers are encouraged to consult both allopathic and complementary healers in their search for health, which according to this model is essentially the path of spiritual growth and enlightenment. Having given up her private practice after the publication of her books, Brennan now directs her own healing school in Miami which requires students to acquire basic medical knowledge alongside her model, and encourages graduates to integrate their practice within mainstream healthcare.

As can be seen from the above material, the Psychical Model generally rests on first and second-hand reports of aura perception which show remarkable consistency for both general and specific features. Despite such accounts often being dismissed as subjective and therefore of little value, this does not preclude this model from profitable study. The Psychical Model contributes a wealth of phenomenological material which could be reexamined with broader methodological approaches and evaluations of validity, and contribute much to the understanding of reports of aura perception.

The Scientific Model

This model is based on the natural sciences, and according to Gissurarson and Gunnarsson (1997, p.42) *"gives no reason to contemplate, let alone accept the aura hypothesis as no evidence exists that suggests than an aura surrounds people at all times "*. The Scientific Model assumes claims at best are the result of optical illusions or unusual meteorological conditions, and at worst are fraudulent. The Scientific Model of these researchers differs from Tart's (1972) 'Physical Aura' in that it does not discuss the aura in relation to various known energies around the body as those described by Tart. These can be considered together however, as they share the premise that reports of aura perception can be explained by the existing laws and principles of the natural sciences rather than requiring spiritual or 'supernatural' explanations. Other material has also been included in the discussion of this model where researchers have adopted similar premises, even if positing a previously unknown energy type or using new technology.

Walter Kilner and Oscar Bagnall

A scientific approach to investigating the existence of the aura as an objective phenomenon commenced at the beginning of the twentieth century with the work of Dr Walter Kilner, an English medical doctor who was head of electro-therapy at St Thomas's Hospital in London. Kilner experimented with dicyanin, an organic coal tar dye, hypothesizing that if the aura had an objective, external reality it may be visible if viewed

through a suitable substance. His apparatus consisted of a narrow viewing box with a cell of optically ground glass containing dicyanin in an alcohol solution. Subjects stood unclothed against a homogenous backdrop with light in the room controlled by double blinds. From 1908 until the first World War halted supplies of the German produced dye, Kilner examined hundreds of subjects, recording and publishing his findings in a popular press book (Kilner, 1965).

Based on his observations, Kilner described the aura as a whole as having the appearance of a faint mist enveloping the body, but separated it into three well defined divisions with a fourth added for convenience. The first layer out from the body he labeled the etheric double, in accordance with Theosophical teachings on the subject. Kilner described the etheric double in healthy subjects as being a dark band of uniform width no more than $\frac{1}{4}$ inch and following closely the contours of the body. He initially conceived of this as an optical illusion, but on further investigation observed slight changes amongst subjects, and across the same subject in different conditions. Next followed an inner aura, a blue-grey band of $1\frac{1}{2}$ to $3\frac{1}{2}$ inches thick which appeared finely striated at right angles to the body. The outer aura Kilner described as being more nebulous and inconstant, showing greater variance with ill health and gender, with descriptions of width ranging between approximately 5 and 15 inches. While Kilner also referred to an ultra-outer layer, most of his observations were confined to the inner and outer auras, the ultra-outer being described as a finer layer seen only infrequently. He also reported frequently observing 'rays' shooting out from various body surfaces while observing subjects. These would stop and start suddenly, in some subjects appearing to be located at sites of pathophysiology, such as a fibro-adenoid tumor of the breast. In a small number of subjects these rays appeared to be initiated by intent and concentration, with reports of rays emanating from the nose, nipple and fingers on his direction. Changes in colour and size of the aura were also consistently reported following the application to the subject's body of static electricity, and chemical vapours such as iodine and bromide.

Kilner reported the properties of auras as being dynamic size and shape, degree of brightness, and texture - the latter property referring to the apparent fineness or coarseness of the composing layers. Based on hundreds of observations Kilner reported no two auras being exactly alike, with variance being due to age, gender, temperament and state of health of the subject. He documented a range of changes in both the inner and outer layers he believed correlated with the health of the subject, some being general changes such as reduction in size or brightness, and other changes correlating to specific conditions. For example, Kilner reported changes in symmetry of the aura occurring in epilepsy and hemiplegia which appeared to remain constant, in one case 27 years after the last seizure, whereas the aura appeared to return to normal in more transient illnesses. As an example of the latter, Kilner described a subject with herpes zoster infection who had vesicles on the abdomen, as having an aura with a 'honeycombed' pattern with vacuoles adjacent to the rash, producing a spongy or cellular appearance. Kilner also reported consistent changes in the auras in females occurring over several years during the onset of puberty; at the onset of menses; and within a few weeks of pregnancy. He also noted the absence of an aura in a small number of corpses he had examined with his equipment, within several hours of death.

Kilner proposed that the aura arose from the physiological functions of the body, and consisted of ultra-violet light frequencies beyond the detection of the normal functioning of the eye. He believed that viewing through the dicyanin screens produced changes in the ability of the eye to detect these higher frequency, shorter wavelength rays in the ultra-violet spectrum. Kilner cited the consistent effects of the correction of longsightedness on those who used the dicyanic screens as supporting evidence of such effects.

Despite Kilner's explicit disclaimer of any clairvoyant or occult preoccupation; reports of visitors corroborating his findings at the time of examination; and his assertion that replication was possible for anyone

taking sufficient interest in the subject, Kilner's work met with little acceptance amongst the medical fraternity. Initial reviews were distinctly skeptical, and many people failed to see the human aura through Kilner's devices, although how keenly individuals replicated his original observation conditions is impossible to speculate upon. Later reviews reportedly met with more sympathetic reviews, including the endorsements of his findings by many reputable doctors (Kilner, 1965). Kilner did not live to enjoy this support however, dying in 1920 at the age of 73, having achieved little impact on the acceptance of the aura within professional medicine.

The validity of Kilner's work has also been refuted both on the basis that he was himself a gifted clairvoyant, and that his findings were the effects of optical illusions, although these would appear to be mutually exclusive arguments. 'Kilner goggles' are still obtainable, which consist of a pair of lenses coated in the dicyanin dye. Tart (1972) credits Ellison (1962) with measuring the optical transmission characteristics of these goggles to show that transmission was very good in the far red and the far violet ends of the spectrum, but cut off almost all light in the middle of the visible spectrum. A closer reading of Ellison's work reveals this testing was reportedly carried out by 'a colleague', and details of the testing procedures are not discussed (1962, p. 361). Ellison does describe, however, how images correctly focused on the retina for one of these bands at either end of the light spectrum will be slightly out of focus for the band at the other, due to the eye having a certain amount of chromatic aberration. The out-of-focus image will then appear as a blurred outline superimposed on the other image, hence producing Kilners 'aura', according to Ellison. Despite sounding imminently suitable for further empirical study, there was no mention found in the literature of any investigations using Kilner's goggles.

Kilner's work was not completely without impact, and in the 1930's another English scientist attempted to replicate his work (Bagnall, 1975). Although altering Kilner's original dye solutions slightly, Bagnall reported

similar findings both in terms of the overall appearance of the auric layers, and in changes observed in specific conditions such as pregnancy or after surgery. Similarly to Kilner, Bagnall refuted occult or spiritual explanations for the aura, and believed it should be a matter of scientific interest and subject to science's methods, as well as having potential value in the diagnosis of disease.

Other arguments put forward to explain the aura as an optical illusion preceded that of Ellison (1962), although explanations for how exactly the illusion was produced differed. Fraser-Harris (1932) explained Kilner's etheric double as an optical illusion produced by minute oscillations of both the observer's retina and the subject. The erroneous perception of an aura, caused by the image of the subject constantly moving on the observer's retina is offered as explanation for the absence of an aura in a corpse (which doesn't move). Similarly, this could explain the wider etheric double reported distally by Kilner, as slight movements of the body are more detectable toward the peripheries. Kilner's 'inner aura' is also accounted for by Fraser-Harris as afterimage and 'periodic retinal darkening', leading the author to conclude that this phenomenon is explained by "*the principle of spatial or of temporal retino-cerebral induction*" (1932, p. 184).

Over five decades later the explanation of auras as optical illusions continued, with Dale, Anderson and Wyman (1978) claiming to produce aura perception under laboratory conditions. These researchers presented the outline of a human head and shoulders sandwiched between five coloured slides to two randomly assigned groups of ten college students, one group receiving a focused image and the other a purposely blurred image. Subjects were asked if they saw an 'aura' and if they did, what hue it was. In all cases but for the red slide, those viewing the blurry image saw the complementary hue more times than the group presented with the focused image. The researchers argue that blurring the image increased the 'aura phenomenon' as predicted,

and therefore auras can be explained as a combination of border contrast and after-image effects.

A completely different explanation for some incidents of aura perception was put forward by Bryant and Jarmie (1974), who describe a phenomenon called 'the glory' in which a person's head is perceived to be surrounded by a series of coloured halos. This has been reported to occur outdoors and at close range in the presence of certain weather conditions, when a shadow is projected on a cloud of uniform water droplets. A similarly phenomenon has been frequently reported around the shadow of an airplane falling on a cloud.

Kirlian Photography

No discussion of the history of investigation into the aura would be complete without mention of Kirlian photography. Devised by Russian scientists Semyon and Valentina Kirlian at Kazakh State University in the 1930's, Kirlian photographs show colourful fringes of light around the borders of living objects, but which are absent for non-living objects. This method requires that the object to be photographed be placed into a high voltage electrical circuit so that it acts like an electrode as electricity flows through the circuit. Arguably the most well known example of the Kirlians' work is 'the phantom leaf effect' - Kirlian photographs of an intact leaf alongside the same leaf cut in half, but with the latter showing a pattern of light remaining on the film where the leaf has been cut. Other comparisons made by Kirlian photography show differences in 'fields' (coronas of light on the photograph) around the edges of subjects on whole and junk food diets; around the hands of healthy and diseased subjects; and around raw and whole foods versus cooked and processed food.

When Kirlian photography was first brought to public attention in the 1970's it was hailed as long awaited evidence of the objective existence of subtle energy fields (Ostrander & Schroeder, 1970). Initial enthusiasm waned, however, as results were variously attributed to movement

artifact and moisture content of objects (Dale et al., 1978). In a recent popular press book dedicated to debunking 'pseudoscience', Hines (2003) elaborates on the moisture content explanation for Kirlian photographs, and notes that a number of other variables have also been shown to affect the nature of the image, such as type of film and electrode used. However, no explanation is offered for the 'phantom leaf effect'.

Harry Oldfield

The work of English biologist Harry Oldfield represents another attempt to investigate the aura using the methods and principles of the natural sciences. Oldfield was an early pioneer in the use of Kirlian photography, and was also interested in the potential of crystals to generate electromagnetic fields, which could be used therapeutically. Together with Cambridge psychologist Roger Coghill, Oldfield published a book for the popular press detailing the history of scientific endeavors in this direction, as well as his own work in the use of these methods to diagnose and treat disease (Oldfield & Coghill, 1988). Based on the many criticisms of the Kirlian technique he went on to invent a three dimensional Kirlian 'gun' which could produce a video image of the subject surrounded by coloured light, which he called 'Polycontrast Interference Photography', or 'P.I.P.' (Soloman & Soloman, 1998). This technology was based on Oldfield's idea that if an energy field did exist around humans it would interfere with the light in the environment reflecting off the subject, which could be measured. P.I.P. measures the light in the environment bouncing off the subject, and a computer programme colour-codes this information and creates the patterns on the monitor. To date, Oldfield reports being able to correlate a variety of medical conditions with specific patterns on P.I.P. scans, such as tumors, infections, and muscular-skeletal complaints. Unusual patterns on PIP have also been reported around subjects preparing to do 'laying on of hands' healing.

Although Oldfield appears to draw on aspects of the Psychical Model in constructing hypotheses, his work is still best located within the Scientific Model. Despite challenging previous conclusions of this model, his work attempts to quantify the human energy field based on the methods and principles of the natural sciences. To date no investigations of Oldfield's theories or devices have been published. As an essentially independent researcher working without the support of institutions he has been advised that the cost of independent controlled trials of his work would be prohibitive, although he remains enthusiastic about this possibility (personal communication, 2002).

The material above represents examples of a natural sciences approach to the investigation of the aura, but is not exhaustive. A variety of other studies and findings have been put forward in support of the objective existence of the aura, some by respected mainstream scientists and academics (e.g., Oschman, 2000). The scientific background to many of the theories and technologies presented above are much more complex than can be described here, and evaluation of this work is beyond the scope of the present study. How well some of these explanations account for aura perception depends on how the aura is defined. Some optical illusions can undoubtedly produce 'colours around people', however, how closely laboratory produced optical illusions match with phenomenological accounts of aura perception such as reported from the Psychical Model is arguable.

The Clinical Model

This model accounts for the aura as the result of various organic pathologies - an epiphenomenon of errant biophysicochemical factors in the nervous system. Reports of the aura are assumed to be visual hallucinations caused by some form of mental illness; arising from the neuropathology causing epilepsy; or the result of some kind of disorder of the eye. However, as noted by Gissurarson and Gunnarsson (1997), signs and symptoms of these disorders do not map well to reported perception of auras, nor do aura reporters appear to suffer from such

disorders. No literature could be located that exemplified this model, as to date no medical disorder or disorders can account for the widespread reporting of auras. In it's purest form therefore, this model would appear to be rest on explanations that do not stand up to scrutiny and provides little promise for furthering study in this area. Given the lack of supporting evidence it seems likely this model is based on a belief that such a phenomenon *cannot* occur, rather than an careful consideration of reports of aura perception and existing medical knowledge.

However, within the last decade a small number of studies have highlighted various aspects of personality and correlates of pathology found in those reporting aura perception and other anomalous experiences. These studies can be conceived of as sharing the formulation of the Clinical Model and therefore appear to be appropriately considered here.

Alvarado & Zingrone (1994) set out to investigate the relationship between claims of aura perception, vivid visual imagery and fantasy-proneness. A variety of self-report questionnaires were filled out by 19 self-selected aura reporters and 19 control subjects matched by age and sex. Instruments included the authors own Questionnaire on Auras and Other Experiences (QAOE); the Vividness of Visual Imagery Questionnaire (VVIQ) (Marks, 1989); and the Inventory of Childhood Memories and Imaginings Children's Form (ICMIC) (Myers, 1983). Results confirmed the two main hypotheses that aura vision is related to higher levels of reporting of vividness of visual imagery and of imaginative-fantasy experiences. In addition the aura reporters had a significantly higher frequency of claims of other anomalous experiences. These findings are in conceptual agreement with other studies that have found that measures of fantasy-proneness seem to be successful predictors of psychic phenomena other than aura vision (Myers, Austrin, Grisso & Nickeson, 1983; Wilson & Barber, 1983).

A number of other studies focusing on a variety of anomalous experiences rather than aura perceptions specifically, also appear to fit well within this model. Ross & Joshi (1992) highlight that the only data on paranormal experiences found in contemporary psychiatric literature refers to the association of extrasensory/paranormal experiences to a history of childhood trauma and dissociative symptom clusters. To determine if the relationship between childhood trauma, paranormal experiences, and other dissociative symptom clusters held in the general population, these researchers administered the Dissociative Disorders Interview Schedule (DDIS) (Ross, Heber, Norton, Anderson, Anderson & Barchet, 1989) to a randomly selected sample of 502 adults in a Midwestern Canadian city. The DDIS inquires in detail about childhood physical and sexual abuse as well as extrasensory experience, and makes a range of Diagnostic and Statistical Manual (DSM IV) diagnoses. Referring to a 1991 poll (Gallup & Newport, 1991), Ross and Joshi (1992) noted that extrasensory or paranormal experiences were common in the general population, and the rates of such experiences in their sample were either the same or lower than for the general population, with 65% of subjects reporting having at least one of these experiences, and nearly 10% reported having four or more. Results showed subjects reporting childhood abuse of any kind had an average of 2.3 paranormal experiences per person, compared with an average of 1.2 for the non-abused group. The researchers concluded that available evidence suggested paranormal experiences are dissociative in nature and linked to childhood trauma and other dissociative symptom clusters, however, they also asserted that paranormal experiences are not necessarily pathological in nature, and indeed are often deliberately cultivated by psychologically healthy and high functioning individuals. They proposed a model in which paranormal experiences are an expression of normal dissociative capacity.

McClenon (1994) also suggests that dissociative faculties and related traits regulate the incidence of anomalous experiences, opposing previously proposed hypotheses suggesting that religiosity and scientific

training affect the reporting of these episodes. This latter group of hypotheses, labeled 'cultural source theory', conceive accounts of anomalous events as wholly the product of the reporters culture, resulting from and alleviating existential anxiety or fulfilling other unmet needs. The ubiquitous nature of such accounts is seen as reflecting social disorders, tension and flaws in the scientific education training. McClenon tested hypotheses deriving from cultural source theory by polling samples of Caucasian-American, African-American, Chinese and Japanese college students regarding a range of anomalous experiences. While the incidence of reported experiences varied across the groups, religious preference, self-reported religiosity and scientific training did not predict frequency of, or belief in extra-sensory experiences. McClenon proposed that the scattered and meager relationships found between religiosity and anomalous reports may be better accounted for by a variety of psychological variables correlated with dissociation, including hypnotic suggestibility, absorption and fantasy proneness. Drawing on a growing number of research findings linking childhood trauma, dissociative experiences and anomalous experiences, McClenon proposes a model whereby the capacity for anomalous experience is a trait influenced by both genetic and cultural variables affiliated with naturally occurring psychological capacities.

Heber, Fleisher, Ross and Stanwick (1989) further explored the relationship between reports of paranormal experience and dissociation, comparing 12 community based alternative healers with a control group of 19 psychiatry residents on the Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986) and the Dissociative Disorders Interview Schedule (DDIS) (Ross et al, 1989). While neither group showed evidence of extensive psychopathology, the alternative healer group reported more Schneiderian symptoms (which include audible thoughts and voices; thought withdrawal and broadcasting; and somatic passivity experiences); extrasensory experiences; and secondary features of Multiple Personality Disorder (now known as Dissociative Identity Disorder). In accordance with the findings of the previously noted

studies, these authors note that these experiences did not seem indicative of psychopathology, and in some individuals are even valued and sought after. They conclude that dissociative experiences are not necessarily indicators of psychiatric disorder in non-clinical groups.

Persinger & Valliant (1985) found correlations between the number of paranormal experiences and the number of temporal lobe signs reported by a sample of 99 university students. They concluded these results supported the hypothesis that mystical or paranormal experiences are associated with transient electrical foci within the temporal lobe of the brain, but that the repeated occurrence of these experiences within normal individuals may be embedded within a more complex symptomatology of temporal lobe signs.

Neppe (1984) also argued that the logical anatomical correlate for anomalous experience is the temporal lobe, and that there is evidence that a background trait of anomalous temporal lobe functioning may predispose to the occurrence of anomalous experiences. However, Neppe argued accounts of paranormal experiences suggest a different quality to those of the temporal lobe epileptic, and strengthen the possibility that the former experiences do not necessarily suggest *abnormal* temporal lobe firing.

These studies can be seen collectively as constituting a 'diluted' version of the Clinical Model, in that they all are cautious about proposing a direct and simple relationship between anomalous experience and pathology, or concluding subjects reporting these experiences have mental or neurological illnesses. However, they share with the more simplistic but unsupported explanations a formulation of aura perception as being fundamentally related to internal processes rather than being stimulated by an external reality. In attempting to use existing understandings of personality and neuropathology or psychopathology to suggest individual differences that may distinguish reporters of auras and other anomalous experiences from non-reporters, these studies

offer promise for future understanding of aura perception. However, this model also raises a number of important cultural issues related to what are considered desirable or undesirable features of personality; what constitutes psychopathology; and who makes these judgements.

The Aura Imagery Model

This model is proposed by Gissurarson & Gunnarsson (1997) as a guide for future aura research as they suggest it may best account for the negative results produced by the Doorway Test and its variations noted previously. The Aura Imagery Model is an elaboration of Ellison's (1962) concept of the aura as an 'unconscious dramatization' and Tart's (1972) concept of the 'Projected Aura', in which the aura has no objective existence apart from within the mind and brain of the observer. These researchers theorize that on a phenomenological continuum, an aura image may range from a *feeling* to a *real perception*. At one end of this continuum aura perception is an association with colour with what a person *intuits* about others - what they feel, think and experience of other people. At the other end of the continuum this information about the subject may create a *real perception*, albeit one which is generated by internal neurological processes rather than being externally stimulated by an objectively present aura. In this way aura imagery produces a wholistic experience of the target person expressed in colours - a convenient way in which a variety of information is unconsciously processed and presented to the conscious mind. The authors suggest that this may explain why their experimental subjects were perplexed and frustrated by a lack of positive results, and why they agreed to take part in the experiment at all. The participants genuinely believed and expected to detect an external aura, however, without full experience of the target person they were unable to collect the information that would be required to produce the projected aura image. Gissurarson and Gunnarsson (1997) concur with Ellison (1932) and Tart (1972;1979) in maintaining that the possibility of extra-sensory perception should not be excluded, as additional information may alter or form the experience of the aura perceiver. The authors add to previous similar explanations by

suggesting that a variety of information received about others may become consciously connected with colours through learning by association, or by the more complex and involuntary neurological processes involved in synesthesia.

Certainly one does not have to look hard to find examples of such learning - in the process of acculturation and language acquisition there are innumerable opportunities for learning such associations. Colour is used everywhere as a symbol - red traffic lights signify the danger of not stopping and green the safety to move forward; red tap tops signify hot and blue or green cold. Social rituals have associated colours such as wearing black for funerals and white for wedding dresses, although these are obviously not universal and vary across cultures. More specific examples of associations between colour and emotional states are commonly found in language - people are described as 'seeing red' when angry, or viewing the world 'through rose coloured glasses' when in love. Envy is often associated with the colour green, as in 'the green eyed monster' or being 'green with envy', and depression is often described as a grey, blue or black mood (interestingly, these associations are all in accord with Theosophical writings on the correlations between subjective states and aura colour).

The proposal that synesthesia may play a part in aura perception in the Aura Imagery model requires some elaboration, as this term has been used in both general and specific ways. This term comes from the Greek *syn*, meaning together, and *eisthesis*, meaning perception, and has been used to refer to both the tendency for perceptions in one modality to *suggest* those of another, and to an involuntary physical experience in which one sensory modality reliably causes a consistent perception in one or more different senses. The former can be conceived of as including and extending the cross-modal associations noted above as being learned, whereas the latter or 'true' synesthesia has distinct diagnostic features and can be found in medical literature descriptions going back three centuries. 'Coloured hearing' is the most

commonly reported variety of true synesthesia, in which speech and music are not only heard but are experienced with a visual image of coloured shapes and movement.

True synesthesia re-emerged as a noteworthy subject in the medical literature in the 1980's due primarily to the work of American neurologist Richard Cytowic (1989; 1993), whose study of a group of synesthetes led to the development of the current diagnostic criteria. Cytowic concluded synesthesia is involuntary but elicited; perceptions are projected into the personal space of the synesthete rather than being experienced 'in the mind's eye'; perceptions are stable over a lifetime; and the synesthetic experience is emotional and memorable.

Furthermore, Cytowic proposed that synesthesia is familial, and is more common in non-right handers and in women with gender ratios ranging from 3:1 to 8:1. Synesthetes tend to have superior memory while math and spatial navigation suffers. Synesthesia also appears to depend only on the left-brain hemisphere, and is accompanied by large metabolic shifts away from the neocortex that result in relatively enhanced limbic expression. Synesthesia is a rare experience, with Cytowic (1997) suggesting his own finding of 1 in 25,000 is possibly too low. Cytowic suggests synesthesia is a normal brain process despite being statistically rare, and considers it a premature display to consciousness of normally occurring neurological processes. His use of 'premature' in this context relates to the stages in the perceptual process rather than the development of the individual or species. Cytowic proposes we are all synesthetes but not aware of this, as cross modal associations for most of us occur at unconscious intermediate stages in the perceptual process but are not delivered to the final stage of this process as the finished product of our perception.

Synesthesia has been mentioned fleetingly in relation to aura perception previously, but had not been built into any comprehensive model prior to Gissurarson and Gunnarsson (1997). Kenneth (1932) argued that subliminal olfactory stimuli emanated from human and other bodies

which could be broadcast over a considerable distance, and which varied according to general metabolism, nutrition, and emotional or affective state. Both underlying neural processes *and* cross-modal learning appear to be proposed by Kenneth to result in colours being perceived around the subject. This explanation is unique in its suggestion of both the existence of an objective aura (chemical substances giving olfactory stimulus) and a projected aura (learned and true smell-colour synesthesia). However, Kenneth draws in part on insect behaviour to substantiate his claim, and does not elaborate on how humans could discriminate between subliminal metabolic, nutritional or affective changes in his proposed chemical aura. No comment or discussion on this theory was found in the literature, and Gissurarson & Gunnarsson (1997) do not refer specifically to smell-colour synesthesia in their model.

Peterson also refers briefly to synesthesia in his discussion of aura perception in children. He notes earlier psychologists have proposed this condition as a developmental stage in childhood, as well as an explanation for the *"frequent hallucinations that some children experience"* (Peterson, 1987, p. 36). However, Peterson disposes with this argument by suggesting the opposite is true - that the entire concept of synesthesia is likely an elaborate and fanciful way for psychologists to claim organic basis for a condition that actually involves childhood clairvoyance. Such polarized explanations for aura perception are a good example of how dualism may have inhibited progress in conceptualizing on this topic.

It is interesting to note that synesthetes have reported auras around objects and people, and some have noted that correlations between colours have moods. In Cytowic's (1989) study of 42 synesthetes, one subject 'BB' describes the auras he perceives as colours bordering objects and people which may parallel a boundary, as coming in 'soft splotches' lacking orientation, or appearing as a colour wash which at times obscures the object or subject. These experiences are accompanied by physical sensations of numbness and flushing, and

feelings of exhilaration, fear or happiness. The stimulus for these experiences is perceived as coming from the subject. BB's description of one particular incident of perceiving an aura is worth noting, both for his description of what was perceived, and other subjective contextual aspects of the experience (Cytowic, 1989, p. 50):

"There was a very strong feeling and she was surrounded by a dark blue-green aura ... I don't know what the emotional feeling was due to because I had only met her twice. But there it was. I think there was some sort of bond or something. I'm not sure which comes first, sometimes I think I see the colour and react emotionally; others it may be reversed - I get an emotion and then see this colour. I'm not sure. And I don't know what makes it happen."

Furthermore, in addition to BB and the subject who reported that colours have moods, Cytowic notes that in his study sample a further seven subjects or 17% reported clairvoyance and other paranormal experiences, including precognitive dreams, psychokinesis, empathic healing experiences, and a kind of emotional telepathy (Cytowic, 1989, p. 236):

"... [I] am particularly sensitive to mood vibrations from others. I can walk into a room and sense almost instantly what each person is feeling about himself or whether there is tension, hostility, 'openness', pretense, etc."

Despite being reminded of descriptions of ictal (seizure) phenomena, and in particular those associated with temporal lobe epilepsy, Cytowic openly acknowledges he does not know what to make of such reports. He asserts however, that these descriptions are quite different from "the comments of oddballs", who presumably are non-synesthetes reporting anomalous experiences (Cytowic, 1989, p. 235).

Interestingly, some individuals reporting aura perception have also reported that sound will result in a visual perception of colour and form (Besant & Leadbeater, 1992). This appears to be a somewhat different experience to 'coloured hearing' however, as the example given in this latter reference describes shapes and colours emanating directly from the sound source (in this case a church organ) and reaching quite some distance into the air. These 'musical auras' are noted to be complex and dynamic, as well as being reliable in that the same piece of music accurately played will build the same form, which will appear the same to

different individuals with clairvoyant abilities on different occasions. In contrast to these descriptions, reports of 'coloured hearing' in synesthesia note that the shapes and colour are perceived in the *personal space* of the perceiver, never at a distance. For example, Cytowic (1995) notes a subject who on hearing music, sees falling gold balls, shooting lines, and metallic waves like oscilloscope tracings that float on a 'screen' six inches from her nose. Furthermore, synesthetic perceptions are generally described as idiosyncratic - the same stimulus will evoke different perceptions in different synesthetes.

The addition of synesthesia in Gissurarson and Gunnarssons' (1997) model is thought provoking on a number of levels, whether as a explanation for aura perception in itself (i.e., aura perception *is* a specific type of synesthesia) or as a model for a similar explanation (i.e., aura perception *is not* synesthesia, but a similar neurological model or process may be implicated). It reintroduces the possibility of a neurological substrate for anomalous experience - that aura perception may be as much 'in the brain' as 'in the mind'. Contextual aspects of synesthetic experiences may also have parallels for that of aura perception, in that it is an unshared sensory experience which subjects are cautious about disclosing for fear of stigma, it has emotional-experiential correlates, and is a difficult experience to express in language.

This model is likely to be attractive to many in it's complexity and eclecticism, however, the inclusion of ESP as a component of this model is likely to make it as unacceptable to mainstream psychologists as the Psychical Model. While proposing some new and thought provoking material, the Aura Imagery model is concerned with the 'big' questions of aura perception, and does not offer specific explanations for the various features which have been consistently reported of auras. The only attempt in this direction, namely the suggestion that "*colours and shapes of auras may well be the form in which the ESP material can be dramatized for the conscious mind*" (Gissurarson & Gunnarsson, 1997,

p. 46), is a somewhat vague and convenient explanation for these features, and has a decidedly psycho-analytic flavour.

Gissurarson and Gunnarsson's (1997) conceptual framework, with its suggestion of the Aura Imagery model as the most promising for future research, provides the most recent theorizing in aura research.

However, it is interesting to note the continuation of Ellison's concept of 'unconscious dramatization' in the Aura Imagery model, and his admonition 35 years earlier (Ellison, 1962, p. 364):

"It may be that the clues to many of the mystifying things of interest to psychical researchers are to be found in perception. Most of our problems might be resolved if we thoroughly understood perception of all kinds, both normal and psychic. It is well worth while to look further into perception, particularly psychic perception."

1.6 Aims and Objectives of the Current Study

The construct of the human energy field or aura is an ancient one, and reports of belief and experience of auras continue to be widespread in the present day. Despite increasing public interest and popular press publications, psychology has had little to say about this subject. What little academic literature does exist has tended to focus on establishing the extent of belief and reported rates of experience, often as part of wider studies looking at a variety of anomalous experiences. This provides a useful starting point but does little to explicate the phenomenon, and according to Alvarado (1996, p. 62) *"practically no systematic work has been carried out to map the features of this phenomenon"*.

This aim of the present study is to address the scarcity of psychological literature on aura perception from a phenomenological perspective. Interpretive phenomenological analysis was employed as a methodological approach in order to address three further objectives of the study. These were to (i) to seek consistencies and contrasts in reports of aura perception by focusing in depth on a small number of

experiences reports; (ii) to elaborate on the construct of the aura by considering the contextual determinants embedded in such reports; and (iii) to appraise potential implications of these findings in light of previous research and conceptualizing on the aura within psychology. As the methodology selected for the present study attempts to set aside suppositions and avoid presumptions as much as possible, there were no expectations held or hypotheses proposed for findings related to either reports of the phenomenon itself, the contextual determinants, or any possible arising implications.

2. METHOD

2.1 Methodological Rationale

As noted above, despite there being a number of models and theories put forward to explain reports of aura perception there appears to be a lack of studies which systematically map features of accounts, or consider these alongside proposed explanations. In particular, no descriptive or thematic studies could be found in the literature which might explicate the parameters of claimants' accounts, or chart the textural aspects of their experiences. A number of research designs were considered in order to find one which would fit most appropriately with the aims and purposes of this study and fill this gap in the literature.

A qualitative methodology suggested itself as most appropriate to the aims and objectives of the study for the following reasons. Rather than attempting to find or predict causal relationships among objective, quantifiable variables, the research questions fundamentally address personal experience and meaning making, for which qualitative methodologies are ideally suited (Willig, 2001). Qualitative analysis is also suggested as being particularly appropriate if the aim is to capture complexity or process, and when an issue is controversial or personal (Smith, Harrè & Van Langenhove, 1995). Finally, topics which are little understood and investigated, such as is the case in the present study, are well suited for qualitative analysis, which may generate theory and suggest the most profitable theoretical and methodological direction for further studies.

Of a number of qualitative methods in use in psychology research, Interpretative Phenomenological Analysis (I.P.A.) was selected as the most suitable for both the study topic and its aims and objectives. I.P.A. was developed by English psychologist Jonathan Smith in the 1990's, who characterized this method as *"an attempt to unravel the meanings*

contained in ... accounts through a process of interpretative engagement with the texts and transcripts" (Smith, 1997, p. 189). I.P.A. has been applied widely to topics within health psychology, such as palliative care (Jarret, Payne, Turner & Hiller, 1999); genetic abnormality (Baillie, Smith, Hewison & Mason, 2000; Chapman & Smith, 2002) and sexuality (Coyle & Rafalin, 2000; Flowers, Duncan & Frankis, 2000; Duncan, Hart, Scoular & Bigrigg, 2001). The growing popularity of I.P.A. has seen its application extend to clinical and social psychology, particularly in the United Kingdom (e.g., Jarman, Smith & Walsh, 1997; Knudson & Coyle, 2002; Larkin & Griffiths, 2002). Despite I.P.A. being a relatively new qualitative method in psychology, it should be remembered that similar interpretative phenomenological approaches have a long history in medical sociology (e.g., Glaser & Strauss, 1967; Goffman, 1968).

Despite being a recent approach developed within and specifically for psychology, I.P.A. has theoretical roots in the branch of philosophic thought known as phenomenology, and draws also on the perspective of social interactionism. Phenomenology developed from the ideas of German philosopher Husserl in the early twentieth century, and is concerned with phenomena that appear in our consciousness as we engage with the world around us. It aims to 'return to things themselves' as they appear to perceivers within particular contexts and at particular times, rather than attempting to formulate general laws or abstract statements about the nature of the world. Phenomenology's methodological implications require suspension of assumptions and presuppositions and a description of the totality of a phenomenon together with its associated components, in order to arrive at an understanding of the essence of a phenomenon. In modern phenomenological psychological research, the research participant's account becomes the phenomenon with which the research engages. While few would now claim it is possible to suspend all presuppositions and judgments in any endeavor, there remains an effort to set aside customary ways of knowing while attempting to enter the experience of another. Phenomenological psychology is also more concerned with

diversity and variability in human experience than with Husserl's identification of essences (Spinelli, 1989).

Symbolic interactionism emerged in the USA in the 1930's as an explicit rejection of the positivist paradigm beginning to take hold in the social sciences. While being influenced by phenomenism, symbolic-interactionism argues that the *meanings* individuals ascribe to events should be of central concern to the social scientist. However, it also considers that those meanings are only obtained through a process of interpretation, and that it is only through social interaction that meanings occur and are made sense of. This perspective has only recently begun influencing the field of psychology, and is an integral part of discursive approaches (Denzin, 1995).

I.P.A. weaves together both these theoretical strands by aiming to capture the quality and texture of individual experience. It holds with a realist approach to knowledge production in that it starts with an assumption that peoples' accounts say something about their private thoughts and feeling, and these are implicated in their experiences. It recognizes that these thoughts and feelings mediate experience of external 'objective' conditions, meaning the world can be experienced in radically different ways (Willig, 2001). Indeed I.P.A. does not make any claims about the external world, or seek to determine whether participants' accounts may be 'true' or 'false' in terms of their correspondence to an 'objective' reality, and in this way subscribes to a relativist ontology. I.P.A. is also reflexive in so far as it acknowledges its dependence upon the researcher's own standpoint, as well as the nature of the interaction between researcher and participant.

These theoretical positions make I.P.A. particularly suitable to the aims and objectives of the current research, which are explicitly *not* to argue for or against the proof or truth of the aura as an objective reality. I.P.A. appears to provide the most suitable method with which to consider in depth a small number of detailed accounts of aura perception, in order to

consider phenomenological findings against existing theories and models. Using this methodology *accounts* of aura perception constitute the phenomenon in question, rather than the aura itself (as is the case in the Psychical Model).

Given I.P.A. is a relatively novel method in psychology it is useful to position it by reference to a more familiar qualitative approach. I.P.A. is noted by Jonathan Smith and others to share much in common with Grounded Theory (Smith, Flowers & Osborn, 1997; Willig, 2001). Both proceed by systematically working through a text in order to identify themes and categories that are progressively integrated until higher-order units ('core categories' in Grounded Theory; 'master-themes' in I.P.A.) are established that capture the essence or nature of the phenomena under investigation. Both start with individual cases which are then integrated to obtain a composite picture that tells us more about the cognitive map that represents a person's or a group's view of the world. However, while Grounded Theory aims to identify and explicate contextualised social processes which account for phenomenon in order to yield theory, I.P.A. was designed to gain insight into the nature or essence of phenomena itself by gaining insight into individual participants' psychological worlds, and so is specifically a psychological research method.

2.2 Steps in Interpretative Phenomenological Analysis

2.2.1 Development of a Semi-Structured Interview Schedule

Once the aims and objectives of the study had been decided and the choice of a methodology made, a semi-structured interview schedule was designed (Appendix A). In accordance with guidelines on semi-structured interviewing (e.g., Smith et al, 1995; Willig 2001), the schedule is used to guide the interview rather than to dictate direction and content. To this end questions were designed to invite participants

to discuss areas suggested by the researcher, while allowing freedom to probe interesting issues that arise and follow the participants' interests or concerns. While the same areas of questioning are therefore common to each interview, their order and the degree of detail or departure from the question may vary across interviews as this process proceeds. Schedule questions were arranged in an order that was anticipated would follow the natural progression of the interview, beginning with the nature of what was perceived, followed by the contextual aspects of the experience and concluding with meanings made of experiences. Opportunity for the participants to comment on any other aspect not already discussed was also provided in the schedule. Questions were phrased to be open, neutral, and to use participants' own language, with further prompts being added to encourage participants to elaborate.

The initial version of the interview schedule was revised several times due to certain terms and phrases potentially precluding some categories of response. For example, the initial title of the study and wording in the interview schedule referred to 'seeing' the aura, but this was replaced by 'perceiving'. It was felt the former term might frame perceptual experiences in an exclusively visual mode, and exclude accounts that were experienced in other ways. Another issue arising was whether to use the terms 'aura' or 'energy field' in the opening questions. There was concern this might infer to the participants that the researcher held certain epistemological and ontological assumptions about the experience (i.e., that by using a noun this reifies the experience, suggesting it had an objective reality and that it can be 'known' about in certain ways), and that only responses which concurred with these assumption were desirable. An alternative was to draw on features of auras widely reported in popular descriptions and ask if the participant had perceived light, colours, energy or anything else around the body. The latter was potentially equally problematic, as it essentially implies the same thing. After some consideration it was decided that the study *required* accounts by participants who had already labeled their experiences as incidents of perceiving what was *possibly* an aura or

energy field, and both questioning approaches were therefore combined. It was hoped this left the question open enough to be answered in a variety of ways, with the option of offering a range of explanations or attributions for experiences. These initial challenges in designing a schedule increased mindfulness about the discursive aspects of language and issues of epistemological reflexivity, and ongoing efforts were made to remain conscious of these reflections throughout the schedule and during the interview process.

2.2.2 Recruitment of Participants

Participants were required to be adults (defined as 18 or older) and to have had at least one experience in which they perceived something around the human body which they labeled as an aura or energy field. This represents *purposive sampling* in that participants were selected according to criteria of relevance to the research question and known in advance to be homogenous to the extent that they reported the experience in question. The Information Sheet (Appendix B) accompanying the Consent Form (Appendix C) asked any prospective participant not to volunteer for the study if their experience occurred during a period of mental illness or immediately following the ingestion of drugs. This exclusion was included in order to protect participants, and to exclude reports of experiences that may be directly related to these circumstances.

Participants were recruited via acquaintances, colleagues and referrals from already recruited participants. Only one participant was previously known to the researcher as a work colleague. A flyer designed to recruit participants was not required as sufficient numbers were easily found in the researcher's locality using this 'word of mouth' approach. Twelve participants were eventually interviewed over a six month period between May and November 2002. Eleven interviews took place in participants' homes at their request, and one in a work setting after-hours due to the participant's limited availability. Participants included ten females and two males, with ages ranging from the 20's to the 50's.

Ten participants were employed and two were full time mothers. Ten participants were New Zealanders, one participant was Australian, and one German. One of the New Zealand participants requested her ethnicity not be recorded, and the remainder identified as European. Three female participants belonged to one extended family, being mother, daughter, and niece/cousin. A brief profile of participants is included below in order to help reference the extent of experiences reported by individuals, and note issues of relationship and background that may be of interest:

- Participant 1:** female in 20's who reported multiple experiences of perception; belonged to the extended family of two other participants (daughter)
- Participant 2:** female in 30's reporting multiple experiences of perception, beginning in childhood
- Participant 3:** male in 40's who reported multiple experiences beginning in adolescence
- Participant 4:** female in 30's who reported several experiences as an adult
- Participant 5:** female in 50's who reported multiple experiences beginning as a young child; belonged to the same extended family as two other participants (mother/aunt)
- Participant 6:** female in 20's who reported two experiences as an adult; belonged to same extended family as two other participants (niece/cousin)
- Participant 7:** female in 40's reporting a single experience as an adult
- Participant 8:** female in 30's reporting multiple experiences since adolescence
- Participant 9:** male in 30's reporting multiple experiences in adulthood; trained in Reiki
- Participant 10:** female in 30's reporting multiple experiences; had a background in Reiki and other similar 'energy' based therapies
- Participant 11:** female in 40's reporting several experiences in adulthood; had trained in therapeutic massage
- Participant 12:** female in 50's reporting multiple experiences beginning in childhood; trained in Reiki

2.2.3 Data Collection

The protocol for data collection and handling was approved by the Massey University Human Ethics Committee, Protocol 01/135.

After obtaining informed consent, audio-taped interviews were conducted each lasting between 30 and 90 minutes. This produced individual transcripts between six and twelve pages long, and 112 pages of transcribed material in total. Audio-tapes were all transcribed by the researcher immediately following the interview, with technical problems affecting ability to fully transcribe only one interview (participant 7). Fortunately this concerned mostly material that did not relate directly to the topic but to another anomalous experience. Willig (2001) notes that a variety of ways of transcribing audiotaped material are available, depending on the purpose of the study and its theoretical position. In this study attempts were made to include most features of speech and other features that preserved meaning (such as pauses, laughing, and short repetitions). However, detailed transcription notation as used in conversation analysis was not considered necessary to the objectives of the study, and lengthy repetitions of speech 'fillers' (such as "um") were omitted when they did not appear to add to the meaning of the text.

2.2.4 Data Analysis

I.P.A. takes an idiopathic approach to analysis, beginning with a single case and slowly working up to generalizations. Analysis is an iterative process that begins first within, then across cases, following a series of steps which allows the researcher to identify then position and integrate themes. The analysis consists of the interpretative work done by the researcher at each of the following four stages:

1. Initial Notes - the transcripts of each participant's interview were read several times, with initial responses from the researcher being recorded in the left margin. These initial recordings included associations and connections, preliminary interpretations, questions, summary statements, comments on language use and descriptive labels. These notes constituted the most open form of annotation and were a way of documenting issues that came up for the researcher upon initial encounter with the text.

2. Identifying Themes - emerging theme titles or keywords that seemed to capture the essential quality of the text were recorded in the right margin. These titles were conceptual or descriptive and attempted to capture something about the essential quality of what was represented by the text using the participants own language as much as possible. These were copied onto small cards and coded with the participants' number and page of the transcript.

3. Structuring Themes - relationships between themes were then considered and explored, and structured according to master-theme, theme and sub-theme level. This was done in a two part process which is not prescriptive to the I.P.A. method, but assisted in organizing the huge amount of material that had been produced from the transcripts, given the relatively large number of participants for a study employing this method. Initially the cards from each individual transcript were analyzed separately and structured around the main themes emerging from each. These main themes were given master-theme labels and considered alongside the master-themes emerging across other transcripts. This process produced a number of master-themes common to all transcripts that were found to coherently organize most material across all participants accounts. In the following stage cards for all transcripts were then shuffled together, and as the master-themes were considered one by one, any cards related to that master-theme were ordered as themes or sub-themes under that master-theme label. This process was also helpful in identifying the frequency with which themes appeared within and across transcripts. As this process continued cards that didn't seem to fit well alongside or within previously analyzed material were continually returned to the remaining card pack and often found a better fit in the following master-theme analyses. At the end of the analysis only a small number of cards remained and these were analyzed again to see if they represented further emerging themes which could be inserted into the overall structure of the analysis. Those that did not were omitted from the final summary table. Throughout the process as new themes emerged and eventually a small number were

dropped, the researcher continually checked back with the transcripts to make sure that connections fit well with the primary source material, and that interesting or important material was not dropped simply because of the frequency with which it was reported. For example, material referred to by only one participant was included because it provided a distinctively different description of the phenomenon, whereas themes found with greater frequency were dropped because they did not fit well with the overall structure or aims and objectives of the study.

4. Production of a Summary Table - in this final stage a summary table was produced which gave overall structure to the analysis, integrating master-themes, themes and sub-themes across all participants. Previously in studies employing I.P.A., summary tables have included keywords and text references for quotations. These were not included on the summary table in this case for ease of reading, but are noted instead in detail in the Results and Analysis section.

2.3 Reflexivity Issues

In accordance with the guidelines for phenomenological methodologies in general and I.P.A. in particular, literature on the research topic was not gathered nor read by the researcher until after the interviews, transcriptions and analysis were completed. This is generally suggested in these methodologies in order to assist in the suspension of presuppositions, judgments and interpretations which could prejudice the analysis to fit existing models or theories (Willig, 2001). However I.P.A. acknowledges there are no truly 'naïve' interpretations of phenomena as the researcher can never be considered 'tabula rasa', and the analysis always involves interpretative engagement by the researcher (Smith, 1997, pg 189). Given this acknowledgment of the impossibility of remaining outside of the subject matter, the researcher's own view of the world is necessarily implicated in the research process. Reflexivity is therefore a necessary component of IPA, the researcher is required to reflect on their own standpoint in relation to the phenomenon in question

and attempt to identify the ways in which this may have shaped the research process and findings (Willig, 2001).

Personal reflexivity refers to reflection on the way in which values, experiences, interests, beliefs and wider aims have shaped the research, and conversely the way in which the research potentially affects the researcher both in their role and in their wider identity. The researcher's personal, professional and academic experiences prior to the study undoubtedly contributed to a particular position on the research topic, and to choosing the topic itself. A number of friends and acquaintances have spoken of a range of anomalous experiences including perceiving auras. These people appear to the researcher as psychologically healthy individuals who function well in their occupations and private lives. This has resulted in curiosity as to the nature of these experiences, and how people make sense of them. The researcher's professional experience within the mental health field has also provoked interest in a number of issues that relate to this study. This includes an observation that people report a wide variety of unusual subjective experiences, some that fit clearly with Western/European models of psychiatric illness, and some that do not. This has also led to reflection on the possible relationships between personal, spiritual and cultural beliefs, and models of psychopathology. The researcher was also aware of being sensitive to the issue of stigma prior to beginning the study. This is likely related in part to this being a salient issue for mental health workers, as working in this field tends to increase insight into the process of stigmatization and marginalisation in general. However, it also related to experiencing a variety of responses from others on hearing of the topic of the present study, which ranged from curiosity and interest, to scorn and perplexity as to how such a topic related to 'real' psychology. Academic training further contributed to the researcher's position on the research topic, with undergraduate studies in anthropology encouraging a moderately relativist epistemological position. More recent exposure to postmodern approaches increased interest in the potential of qualitative

research methods to further the aims and range of inquiry of psychological research.

3. RESULTS & ANALYSIS

3.1 The Four Master-themes

As each individual text was analyzed, super-ordinate themes which appeared to organize large amounts of material were noted and recorded. When these were viewed collectively four master themes emerged which were common across accounts of all participants and appeared to subsume most of the material. These were labeled as 'The Phenomenon', 'Perceiving', 'Sharing the Experience', and 'Making Sense of the Experience'.

These reflect some of, but not all the question clusters from the interview schedule, and shows the value of I.P.A. in both producing an analysis that covers material sought by the researcher, as well as being flexible enough to gather and structure material which follows the concerns of participants. Neither 'Perceiving' nor 'Sharing the Experience' were originally question clusters in the schedule but emerged as super-ordinate themes across all transcripts. The researcher's question cluster of 'context' did not gather much material at all, and this material was subsumed within the master-theme of 'Perceiving'.

Supporting material from the transcripts is referenced by three numbers in brackets at the end of each quote - these refer to the participants number (1-12); the page number of that participant's transcript; and the number of the paragraph where the material appears respectively.

'Participant' refers only to the 12 people who took part in the study while 'subject' refers to the people around whom participants reported perceiving auras.

Summary of Results

(1) The Phenomenon

Descriptions of the Phenomenon

type 1 - colours around the body
type 2 - shimmering space
type 3 - kinesthetic
type 4 - radiating star

Properties of the Phenomenon

reflection of mental/emotional/physical state
size, shape and movement
multi-layered

(2) Perceiving

Modes of Perception

regular visual perception
visual image perception
empathic perception
kinesthetic perception
multi-modal perception

Perception in Time

duration
frequency

Conditions of Perception

internal states
external conditions

(3) Sharing the Experience

Selective disclosure

Experiences of sharing

negative experiences
positive experiences

Ethics of Sharing

Language Difficulties

(4) Making Sense of the Experience

Making Sense of the Phenomenon

initial response
subsequent response
natural energy phenomenon

Making Sense of the World

other anomalous experiences
changing worldviews

Making sense of Self

historical self
contemporary self

3.2 The Phenomenon

This master-theme collected descriptions of what participants reported they perceived and labeled as the human aura or energy field. Distinct but inseparable from these descriptions, were references to the perceived properties of the phenomenon.

Descriptions of the Phenomenon

Repeated analysis of the text provided a wealth of heterogeneous accounts of aura perception, which appeared to cluster into a total of five distinct descriptions. This suggested an understanding of a number of types, layers or aspects of this phenomenon, or that the terms 'aura' or 'energy field' collect a number of distinct but similar perceptual experiences under one label. Descriptions appeared to fall into four categories which were labeled type 1- colours around the body; type 2 - shimmering space; type 3 - kinesthetic; and type 4 - radiating star.

Type 1: colours around the body - in accordance with common understandings of the aura, all 12 participants described perceiving the aura as colours around the physical body, although as noted further on this was not always in a purely visual way.

"... so at the time he was yellow, and it was a bright yellow, but I've seen him when it's been quite a dull yellow ..." (1.1.5)

"...a couple of times spontaneously I've seen colours, mostly greens and purples ..." (2.1.9)

"... the sensation is usually a shadowy colour around the person's shoulders and head, sometimes down to their feet, but the majority, and on their chest area right down to about their waist. It's more of a shadowy colour, you can see right through it ..." (5.1.1)

"...and I just saw this incredible glowing light around my two friends who were getting married ... this incredible glowing light, and it wasn't ... yeah ... it was ... sort of encompassed all three of them but right around the head mainly ..." (6.1.1)

"... and I turned around and he stood in front of me with this amazing aura around him, really bright ... it was a very bright light that I didn't see him anymore really, it was like, you know when you look into the sun, it was like that ... very bright white light." (7.5.1 & 7.6.2 & 8)

"...well I started to be able to see sort of colour, bands, it was like fog, except it was coloured fog, around people ..." (8.4.5)

Type 2: shimmering space - a qualitatively different description labeled as aura perception which emerged was that of the aura as a 'shimmering' around the subject. All three participants who reported this type of aura noted it appeared colourless to them, and gave similar analogies when trying to describe it:

"Oh it was like a smokey ... like a heat, like you see on a road with heat coming off it ... that shimmery, heaty, sort of wavy ... it would be about three or four inches out " (10.2.1-5)

"... I was aware of people perhaps leaving the room and still ... a flow of energy still being there behind them or leaving with them, for me [it] was like a heat wave, you know a heat wave emanating from the body so that was when I was little I kind of remember that ... yeah, and a sort of shimmer, shimmer behind them ..." (12.1.1-4)

"... it was just a distortion in what I could see behind her, so around the shape of her body, behind her was a sort of distorted, it was almost like there was a piece of glass around the body ... it was translucent ... no colours ... it was moving, yeah, most definitely moving." (9.1.7-10)

Participant 9 referred back to his earlier description at a later point in the interview in order to better explain his experience:

"I think, I think the way I was describing it before, probably the best way that I can describe it is if you're on a long desert road, and it's a hot day and you just see I guess the shimmering from the road, it was sort of that same quality in the light." (9.6.6)

Type 3: kinesthetic - four participants described experiences in which they perceived the aura as a kinesthetic phenomenon - as physical sensations felt through their hands. While these participants all also reported perceiving the aura in other ways on other occasions, their reports of the energy field as a kinesthetic phenomenon were quite similar.

"... to begin with it was temperature, or some sort of movement of energy, like what I would call 'fizziness', something rather speedy rather than something sluggish ..." (10.1.8)

"... and you can actually feel warmth, once more than once I've felt a coldness or a heat ... but you can actually feel little puffs of coolness come out ... well you can get puffs, and I get tingles ... and it's just a gentle ... [makes a blowing motion as if blowing out a candle]" (11.7.2; 11.8.4 & 5)

"It's much less visual yeah, it's more ... it's more of ... I'd put my hand, I'd know where to put my hand, but just you know feel like there's a dullness over a person ..." (9.3.7)

The latter participant used the following analogy to try to explain the sensation:

"It's like when you hold a metal nail or something over a heavy magnet, you just feel a little pull, not as strong as that, but that's what it's like."
(9.7.4)

It is notable that three of these participants had trained in Reiki and the fourth in therapeutic massage, although having a background in such practices was not exclusive to those who reported a kinesthetic aura type.

Type 4: aura as radiating star - only one participant gave a description of the aura as appearing like a radiating star. This was a very compelling experience for the participant, even though she reported other types of auras being perceived on other occasions. Following her experience this participant had come across a picture in a book on auras which closely matched her perception (Brennan, 1987, figure 7-12). This description is included as a separate type despite not being well represented across the texts as it remains a distinctly different account of aura perception, and because as noted it has been reported in publications previously:

"...we were just sitting there like looking at her and chatting, and I looked at her and then all of a sudden I saw the same pure, pure iridescent colour, but it was like radiating out of her like a star ... there was one incredible blue, like it had variations within it, but it was like a star radiating out from her, it was like so amazing ..." (8.1.4 & 5)

Properties of the Phenomenon

Embedded in participants' descriptions were references to various properties of energy fields - some of which were common to most participants' accounts and some were less frequently mentioned.

Reflection of mental/emotional/physical state - the most commonly ascribed and perhaps fundamental property reported of energy fields was their relationship to subjects' mental, emotional and/or physical states at the time. All but one participant (who had a single experience only) made mention of the relationship of colour to at least one of these aspects. The degree to which this was asserted as a conclusion based on personal observation, as opposed to the reported experiences of others or commonly accepted understandings of the aura, was not always clear. The following extracts suggest an understanding of the relationship between mental/emotional states and colour based on

cumulative personal experiences, rather than as a presumption or as knowledge gained from other sources:

"I've read a lot of books that say that certain colours mean certain things, and I'm not entirely convinced that that's the case, I think um, my perception of it is that it's very much like ... that the colours in your aura reflect your maybe emotional or mental state at that particular moment ..." (2.1.16)

"... particularly as I say the colour shows the emotion of the person, you can tell if they're feeling anxious, angry, that kind of thing." (5.4.3)

Not only colour but also shade or degree of lightness was also noted by the latter participant as sharing this relationship with subjects' subjective states:

"... but definitely it goes darker, yes, if they become stressed. If they start to relax you'll see the colour go lighter ...the lighter it is the less anxiety a person seems to have ..." (5.4.8 & 10)

One participant gave descriptions that more specifically correlated particular colours with particular thoughts and/or feelings:

"... and I'd just walked in and she was in this terrible mood ... and then I noticed all around her there was this grey, brown, red, black colour ... it was like a coating of this icky icky stuff all around ..." (8.4.6)

"... and then I noticed like she had this yellowy, just the same it was like a fog ... it was just like yeah, all around the top of her ... but then she started telling me about this really intense spiritual experience she had and the colour changed to this purple, this deep purple ..." (8.5.1)

The above participant made specific mention of these instances as she felt they marked the point at which the relationship between colour and mental/emotional state became clear to her:

"... the reason why I'm remembering these ones that I've told you, because they're when I realized that that's how it worked, so they're still in my mind cos I was like I went ah, that's how it works, that's how it fits together, whereas other times it's like oh yeah ..." (8.7.7)

Five participants made references to perceiving colours in the aura which they connected to ill-health. This was usually noted in terms of darker shades or colours, particularly grey, being noted:

"... when someone's unwell I'll often see a shadow around the area that, where they're not well ... my sister-in-law has breast cancer, and I knew which breast it was in before she told me cos I could see the shadow ... or if someone's got a sore throat I'll often see a shadow ..." (2.5.12 & 13)

"Often a little kid would come up and say I've got a tummy ache, and all I have to do is look at the aura, and I can tell usually, not just body language because they can put on quite a good act ... that's again the darker colour, sometimes near the part they've said it .. and that's where you can tell if they're faking it or not ..." (5.5.10 & 11)

Not only colour, but unusual position of the aura was noted by a participant as being related to ill-health of the subject:

"... I could see like his aura just completely above his whole body ... in a visual way, and it was very gray, you know because he wasn't well and I thought, that told me he wasn't well, and in fact physically he was very unwell ..." (12.5.10 & 11)

One participant, who was specifically asked if she perceived a relationship between the aura and ill-health, gave these descriptions:

"Oh god that reminds me of something. I saw a, you know I forgot about this one because it was so peculiar ... this girl had this aura, and it was like one side of her, one side of her it was almost like completely grey, it was like horrible, it just looked awful, and I just thought what is that, it just looked terrible, but I don't really know what kind of illness that she would of had but I mean I know she wasn't feeling well but it didn't look very good ... but I did think there was something very unusual about that at the time, and I think if I ever saw it again now, oh that's right at another time I did see it, and this actually was a thing that did happen was this woman, she had something similar, and then two weeks later she got really sick, I saw some horrible thing like that, it was like a , I can't remember, it was a colour or something like that, and then she was sick for like two months, she was in hospital ... she had some kind of lung problem or something like that, I can't remember exactly what it was but it was really quite serious." (8.12.3-5)

Two participants reported fractures or cracks in the aura as being other features they related to ill-health:

"... I can see parts of their aura that are fractured, and that if I'm doing healing or looking at people I know that there's perhaps a physical or emotional link that is fracturing that part of the aura ..." (12.3.1)

"and usually because I'm working with patterns I'm actually shown a distortion in the pattern of a big black blob, or a crack ..." (10.4.1)

Blocks and leakages in the energy field were also reported by the latter participant in relation to the health of a subject:

"... one is I'm able to perceive when there's energy spurting out of somebody, like if they've got an energy leakage ..." (10.8.1)

"And the other thing I'll mention too is if they have what we call blockages in their energy, or certain parts are slower than usual, they usually stand out in my perception ... it depends on the nature of the blockage. Generally its a dark, it sort of like thick goey oil." (10.5.4-6)

Size, shape and movement - participants reported perceiving auras extending from a few centimeters to several feet from the body. Some gave descriptions of auras following closely to the outline of the physical body, other descriptions gave the impression of a more ovoid shape and were particularly reported around the top half of the body:

"... probably about five to ten centimeters, just like a halo of light all the way around ... just white, white light ...now I can actually see um, I can actually see the whole energy field, like I can see the energy, and sometimes I see the colours as well, and its' much bigger, anywhere up to sort of half a metre" (2.1.5-7)

"Closest to the body probably within an inch, and it's tight ... expansion wise, probably feeling the Dalai Lama. Even though he was tired, you could feel that he was like, within a couple of feet of himself." (3.4.4)

"They're fairly close, they're just within the body range ... from the shoulder the top of the shoulder, over the head to the other shoulder, that's a small one ... the wider ones go further down to the body but most of them are around the head area, and the trunk." (5.2.7-11)

"Oh, I didn't measure it! .. it was like god, how much is that ... about 30 or 40 centimeters ... yeah ... " (8.3.1 & 2)

"... probably initially only an inch but then once I sort of started I was very quiet for the next two days just sitting back and watching people, and probably no more than a foot ... it could be different on the same person and definitely different on different people" (9.2.5 & 8)

The above quotes suggest the aura is perceived by participants as having a dynamic nature in respect to size and shape. Half of the participants commented on this, however, again it was at times difficult to discern from analysis of the texts if participants were drawing on personal experience or generally accepted understandings of the aura:

"... you could ask a person a question, and whatever emotion that brings up in them will change it, it will not only change the colour, or the density of colour, but it would also change how far away from the body the aura was, or how big the aura was, yeah." (4.4.2)

Several participants did appear to be drawing on their own experiences when reporting this property however:

"... and what I have noticed about the colours is that both times the person who I could see it on was talking to me, and as they were talking the colour was changing quite a lot, wasn't static ... you get the movement because someone is , like he was in an animated conversation, and it was like the movement was happening as he was kind of thinking, yeah ..." (2.1.9 & 2.2.1)

"... dynamic, between different people and different times of the day as well, at different moments, and but I couldn't actually physically see it moving, it's sort of like you go away and come back and it's different." (9.2.7)

Two participants described a radiating type of motion:

"... it comes from their bodies outwards, it doesn't go inwards, it goes outwards from their body, they give it off." (5.3.3)

"... not static it was more sort of as if it would have slight movement ... something sort of pouring [motioning outward from body]." (7.6.9)

Layers - contained in a number of quotes noted previously are inferences to the aura as having different layers or levels - some perceived close to the body and some further away, some with colour, and some without. While several participants made explicit reference to this property of auras, again it was difficult to differentiate between assertions based on personal experience versus more general knowledge. Explicit references to the multi-layered nature of the aura appeared to be consistent with Theosophical labels for the various layers:

"... and when I work with people's outer bodies, each one is different frequencies again, so if I'm working with their astral body, I'm able to know whether I'm working with their astral body or whether I'm working with their mental body ..." (10.3.2) "... it's like looking through the layers ..." (10.5.7)

"... not just their physical but their causal body, which has different emanations ..." (12.3.1)

3.3 Perceiving

Three themes emerged under the master theme of Perceiving. Modes of Perception captures the variety of distinct descriptions of the process and sensation of perceiving. Perception in Time refers to descriptions of the frequency and duration of experiences. Conditions of Perceptions reflects the various internal states and external conditions reported during perception.

Modes of Perception

Reports of four discrete modes of perceptual experience emerged from analysis of the texts and were labeled 'regular visual'; 'visual image'; 'empathic'; and 'kinesthetic'. A fifth type of perception simultaneously combining elements of two or more of the four modes was also represented in the texts and labeled 'multi-modal'.

Regular visual perception - half of the participants described at least one experience of perception that they felt was the same as normal seeing, in that the phenomena appeared to be a 'real' stimuli in the physical

world and perceived through the physical apparatus of the eye, while obviously not being conceived of as solid matter:

"Not solid, it wouldn't be solid, wouldn't call it solid but it's visual." (11.7.4)

"Yes, it's very visual and it's a colour like a shadow ..." (5.6.6)

"... it was like that, it was like visual, it was totally visual..." (8.3.3)

One participant had a companion present during one experience and the phenomenon appeared so visually apparent to her she found it hard to understand how her companion could not be sharing her perceptions:

"... I couldn't understand why he couldn't see it and for about five minutes I was going, you've just got to see it ..." (8.1.5)

Visual image perception - nine participants described a different type of 'seeing' which had the element of visual imagery but which did not seem to be dependent on the apparatus of the physical eyes. This could be described as a 'minds eye' seeing (or 'third eye' as some participants explained it) that was nonetheless experienced as a very real and authentic perception:

"It's seeing without seeing ... but it feels like a visual image." (4.2.7 & 8)

"... it's like they're a real physical thing but I don't see them with my eyes, I see them with my third eye ... it's kind of like the image is here (motioning to forehead)." (2.3.5 & 7)

Because the word 'seeing' was used to describe both regular visual seeing and this second mode of perception, the researcher made efforts to question participants quite closely about the distinction, however several participants initiated this discussion spontaneously:

"... I sort of say I see it but I don't actually see it, yeah." (1.2.4)

"... and I guess like the words I use it's like I see them but I don't ..." (1.8.7)

Empathic perception - participants consistently referred to an empathic or emotional sensing which held associations for them to light or colour around their subjects and which they labeled as a perception of the energy field. References to this sub-theme proved to be richly referenced in the texts but proved conceptually challenging to the researcher and linguistically challenging to participants. During the initial period of analysis this category was subsumed within the visual image or multi-modal modes, however further analysis of the texts suggested at

times it is reported as operating as a discreet mode of perception, often but not exclusively associated with visual image perception. Many participants who emphasized the empathic nature of their perceptions struggled to articulate their experiences:

"... a great deal of what I experience is not actually seeing with the naked eye, its' seeing, it's more intuition, it's more of a feeling, and it's more of an emotional thing like I get physical responses rather than seeing things, yeah." (4.3.11)

"Sometimes I pick it up from my husband a little bit he just gets a bit of a ... I don't know ... a couple of times I've just felt this light around him as well ... it's just more maybe just a little bit on top of the head and it comes with a feeling of ... yeah ... I don't know, it's quite hard to describe really ..." (6.2.10 & 12)

"I didn't actually visually see over that area, it was probably more a just intuitive thing, it's like the feeling you get when you look at the colour blue ... yeah it's really really hard to put into words." (9.4.3)

Kinesthetic perception - in conjunction with previously noted descriptions of the phenomenon as having a kinesthetic aspect, five participants described a similarly kinesthetic mode of perception. Most references were to sensations felt through the hands:

"... in fact if I was to say like that I'd be best at perceiving the energy field It'd be with my hands around that person ..." (9.6.4)

"My hands are actually my, what I use most for any energy work ..." (11.8.1)

"...and I've sensed it to because I actually feel it too with my hands ...hot and cold ... temperature ... like a tingling sensation" (12.4.3 & 13 & 14)

The latter participant also noted this perceptual mode could also give her information about the health of the person:

".... I was sensing through my hands that he wasn't well ..." (12.5.9)

Multi-modal Perception - descriptions of perceptions suggested many individual experiences were not restricted to one mode:

"yeah, yeah there is two things there [perceptual modes had just been discussed] but I do find they cross over sometimes, so there's no rules." (12.3.2)

"Yeah, yeah, I think they all run concurrently ..." (12.11.6)

"... my other senses say they are surrounded in yellow, but I may not visually see it, sometimes I do, sometimes I don't." (10.5.2)

Visual image perception and empathic perception in particular were reported as occurring together most frequently and were almost indistinguishable for some participants. Some descriptions of multi-modal perceptions suggested a somewhat synesthetic experience:

"What it is I feel all the energy, I see, it's like seeing but I feel it, OK it's like sometimes you can smell something, but you taste it, if that makes any sense, or you taste something and it smells like something. But that's basically what I see ..." (3.1.3)

"... I can see things even with my eyes closed, I can pick up and sense colours around people ..." (12.3.1)

Suggestions of causal connections between empathic perception and visual image perceptual were not made by participants, however, the above participant made an attempt to try and make sense of possible processes underlying his experiences of perception:

"... I suppose your brain interprets it ... if you're feeling something your brain actually interprets it as a picture, so you can accept it." (3.7.11)

One participant who had trained extensively in energy therapies reported her perception was becoming increasingly multi-modal:

"... as I moved on in my mid twenties I started being trained more specifically with how to work with energy, and so now, I perceive it, I use more of my senses, whereas in the early days I was probably using one or two of my senses, now and recently I'm using everything ..." (10.2.5)

This particular participant's reports of perceiving deserve further mention here, as the range and continuity of her perceptions of energy fields and other phenomena suggested a qualitatively different way of experiencing the world. She described a range of simultaneous perceptual modes, including:

"Through my body, yes, yep, or through what I call my energy, my space ... using physical, I'm using taste, auditory, kinesthetic, I'm using my intuition, or inner knowing ..." (10.2.7 & 8)

She went on to label this multi-modal perception as 'holographic':

"... I'm also learning to perceive what we call holographically, so what we call metaphysical, going beyond the physical, I'm now using those levels and I liken it to frequencies, I'm learning how to work and manage frequencies and its matter frequencies, it's space, time and energy as well ... there's various layers that I click into so to speak, so that I can ready the person's energy fields and I look at their pattern which is unique to them" (10.3.1 & 4)

Examples given of the range of her perceptions of both the internal physical body as well as the energy field match closely with reports of the abilities of 'medical intuitives' - individuals who have been reported to demonstrate knowledge of disease states in the body without the use of medical tests or specialised medical training or knowledge:

"... and I also now visually see what's going on inside their body ..." (10.3.3)

"I would see the person's, usually their insides, their organs, and the work is so specific now that I start dialoguing with the organ itself ..." (10.4.1)

"...and the other thing I can mention is I now know how to identify marijuana in somebody's system, I'm able to identify through certain frequency, when they've been smoking ..." (10.5.6)

Descriptions of this nature were unique to this participant, although as noted previously several other participants reported perceiving aspects of the aura that they related to the subject's ill-health.

Perception in Time

Two aspects of the experience of perceiving auras emerged in relation to time. The first refers to the duration of single experiences and the second to the frequency of experiences for individual participants.

Duration - Participants who did not volunteer information on the length of their experiences in time were often asked specifically about this, with reported duration times varying from brief seconds to many minutes for a single experience.

"... and sometimes it can be in a flash and I've found too if I try and look actually really look at it, it can go away ..." (12.2.5)

"...the one with my friend must have been about half an hour but the one with lady, I wouldn't know, maybe ten or fifteen minutes or something, yeah." (8.5.2)

One participant reported perceiving auras in a number of different people following a Reiki workshop:

"Since then probably over the next two days I was seeing a lot of people and it was different for different people ... it was going on for about two days afterward." (9.2.2 & 3)

Frequency - as participants talked about the nature of their perceptual experiences the sub-theme of frequency also emerged. Participants appeared to be positioned unevenly on a continuum, with a single participant reporting one experience only, and two others reporting several experiences. Over half the participants described frequent and ongoing perception of auras around people, often initiated at will:

"Normally I can see them at any time that I decide that I want to ..." (2.3.3)

"...I've never ever timed them because they're just there ... but I'm always aware that they're around people anyway ... most times I ignore them, they're just there, and I don't ever think about it, but when I'm in a new situation go into a room and there's all new people I've got to meet and get to know, I'll use it then, definitely I'll look at the auras first." (5.3.7 & 8)

There did not appear to be a strong relationship between reports of the frequency and duration of experiences, as participants at all points along the frequency continuum described both brief and extended periods of perception.

Conditions of Perception

Participants made references to both external conditions and internal states that they noted as being related to their perceptual experiences. While the researcher had anticipated that external conditions might be an important factor in the experience of perceiving energy fields, this was only noted briefly in four instances, whereas references to internal states were found much more extensively throughout all the transcripts amid parts of the text with much richer descriptions.

Internal States - these responses included references to a continuum of states of consciousness noted in connection with perceptions of the aura, and the degree to which experiences were spontaneous or volitional in nature. States of consciousness reported during experiences can be conceived of as lying on a continuum from usual/everyday to semi-hypnotic. Many participants reported perceptions occurring during completely normal states in the context of their everyday lives, rather than under special or unusual circumstances:

"I didn't feel any different, I felt emotional in the first time, but I didn't feel any different and I couldn't get it to go away ..." (6.4.10)

"It's in the range of normal ... I've gone to MacDonalds and done it" (3.5.2 & 3)

"Ah, in the case of where the person who was senior to me and had this terrible dark aura, I was in the school staff room and it was just normal morning tea, it wasn't a strange place of anything, it was very familiar..." (5.7.9)

Others felt their state of consciousness was characterized by being particularly relaxed or having a hypnotic quality:

"... and it always does depend on what state of mind I'm in, you have to be sort of fairly calm and relaxed." (9.1.2)

"because you're concentrating so much you do sort of go into like a meditative state, which is semi-hypnotic ..." (4.3.6)

"... you get into a sort of trance state, sometimes, when you meditate right, you get into a fairly, really shut down state, you're still conscious, you are still conscious, but you're actually able to see, perceive more around people when you're in that state ... I just need to relax a little bit and just shut down a little bit, and I can do that." (11.2.9 & 12)

Embedded in descriptions of states of consciousness were references to the degree to which experiences occurred spontaneously or by conscious control. The two participants who reported the fewest experiences (one and three experiences respectively) described spontaneous perceptions in essentially normal states of consciousness but with subjects to whom they felt emotionally close. Participants who had more frequent experiences tended to describe being able to initiate the perception of auras by general intent, selective attention, or more specific techniques to perceive:

"... well, the only thing you do, I do is decide that I'm going to use it, so there's I suppose there's intent but nothing else." (2.4.3)

"... I can sort of I push myself and sort of get, find that part of me that can sense these things and concentrate on it ..." (1.1.2)

"...I have to actually sit and focus, or defocus ... and I defocused my eyes to see and there was this faint glow about her that I saw ..." (11.1.6)

Notably, several participants also described exercising an intent *not* to perceive, for reasons related to their own comfort or that of others:

"... and so to stop them feeling uncomfortable with me I usually look away or cut it off, and I can easily do that, and then there's just nothing there, because I've purposely taken that sensation away... because I block them, I do know I block a lot. Because it's comfortable to live without ..." (5.1.3 & 5.5.8)

"... and maybe that comes when you're older, you choose not to pick it up, so it's a form of what I say is putting a bit of protection around yourself ..." (12.11.2)

These reports tended to be from participants who reported frequent experiences with some degree of empathic perception, and who described needing to block out some perceptions in order not to be overwhelmed:

"... when I do it I feel the person, right, and I don't do it a lot because I don't want to feel everybody." (3.2.3)

"... but it would be too much information if you were doing that all the time ..." (2.3.3)

It is apparent and probably to be expected that a relationship between the frequency of experiences and degree of volition involved in perception seems to exist. Certainly no participant describing frequent experiences reported they continually happened spontaneously.

External conditions - the only external conditions noted were the background behind the subject and the light in the environment:

"... I can pretty much see it all the time, but it's definitely more predominant if someone's against a blank background." (2.1.11)

"...and it's easier to see it when there's a pale background ..." (6.2.2)

"... you have to get the lighting right you see like where you're sitting right now you've got that funny background behind you so it would be harder whereas if you were sitting against that wall where it's a white wall it'd be much easier ..." (8.4.3)

"...I did notice it was different depending on the background, the background behind the speaker, and how much light was in the room too ..." (12.2.1)

3.4 Sharing the Experience

The third master-theme organized a variety of material related to the sharing of experiences with others. Themes that emerged included Selective Disclosure, Responses to Sharing, Language Difficulty, and Ethics of Sharing. The distinction between the experience of perceiving the energy field, and experiences of perceiving other anomalous phenomena also appeared to become blurred at times in material collected by this master-theme. This echoes the way participants appeared to make sense of the former as not being a discreet experience but as belonging to a wider group of experiences related to an 'unseen' world, that was nonetheless very real to them. When people spoke of sharing their experiences they were also aware they tended to expose belief systems that were not shared by those around them.

Selective Disclosure

The theme of selective disclosure was found across all transcripts, participants reporting being cautious without exception with regard to who they shared their experiences with. The label of 'disclosure' was chosen for this theme as opposed to a more neutral label such as 'telling others', as it was felt this best fit the nature of participants' reports of sharing their experiences. Most participants had shared their experiences with others but restricted these discussions to people they knew well whom they anticipated would not respond negatively:

"I think I might have said something to my aunt, because I knew she wouldn't think it was strange, but apart from that, I wouldn't really talk to people about it." (6.4.4)

"... but you see I don't really talk about this stuff to anyone except for people who are kind of interested you know ..." (8.10.1)

"... usually if I think you're getting a negative reaction I don't bother at all, because no it's not worth it, it's better that the person trust you." (5.8.8)

"... and I'm careful, I don't go and talk about it unless I know people, normally, and I also respect that some people don't like it ..." (10.11.4)

Reasons given for selective disclosure were varied, but generally relate to fear of being ostracized or stigmatized by family, friends or professional colleagues:

"I didn't talk to my family about my gifts, because I knew that my ... I knew that one member of my family had specific beliefs and I thought if I share this with them they ... they had issues about cults, and they were very scared I was going to get into a cult thing. And it just wasn't appropriate, I couldn't talk to them about what I was doing." (10.10.2)

"I guess people not believing me, and maybe, I guess, people sort of see spirituality and things like that a sort of airy-fairy and I guess I feel it would say at work it would maybe distract people from my sort of academic credibility in a way ..." (1.6.2)

'... so some people find me a bit strange, and I have to hold back a bit and ... be a bit careful, because I have to be, try to be professional in my work ... my parents, my mother and now my father really don't like the psychic idea ... I would have been ostracized totally ... but my brother and my mother, my mother's not too bad, but my brother would, he thinks it's totally evil ..." (11.6.1 & 11.9.6-9)

"... I did share them with people, and they were often people who had similar things happening, like-minded, who didn't think I was 'loo-loo' ... yeah, yeah, a bit selective, and it was often because society didn't ... it wasn't the norm, or whatever was perceived as normal ..." (12.8.7 & 12.9.1)

Several participants also noted not wanting to make others uncomfortable by sharing this information - the participant below had previously described a personal experience of being ostracized by family and friends:

"... and they're still coming to grips with it and I don't want to make people uncomfortable so I just share what's appropriate, and I know what's appropriate ..." (10.10.4)

Responses to Sharing

Negative experiences - several participants reported negative responses after sharing experiences, or when others became aware they were developing a belief system arising from these experiences which was different their own:

"... and people around me would go, oh my god, she's off to another seminar, oh, she's just too weird. And I was ridiculed, and I was put down, and oh, that rubbish that you're doing ..." (10.9.5)

One participant noted similar responses by others both as a child (when other children began to notice she appeared to know things before they happened), and again as an adult when she spoke to a subject whose energy field she'd perceived:

"... and I don't remember distinctly any time telling someone about it, and them thinking I was a witch, so but I know that somebody did, cos it happened, bit it's so vague and probably as a child I just blocked it out and just didn't deal with it." (5.6.1)

"Yes, that was when, the incident of the young man who injured ... and I said to him later, you have to be really careful, you have very, I said to him you've got a dark aura and you have to be really careful with your temper etc., and one of the other guys said oh she's just like an old witch, so I left it at that." (5.8.7)

One participant had a negative experience after discussing another type of anomalous perceptual experience with a Minister at her church:

"...and I told him that I'd had some spiritual, I felt a spiritual vision at that stage cos that was my language cos I was just learning about ... I was trying to place it within the context of Christianity, and he was a bit upset with me, he said well it's just, it's not something that happens actually, it's not actually the Christian thing, it's ... you just be careful because it, you could be getting into something, he didn't say evil, but ..." (11.10.3)

Another participant felt she had been judged by a health related agency after sharing her experiences and beliefs. This appeared to bring up

strong feelings and she initially suggested she might request this part of the interview to be wiped from the tape, but later decided not to do this:

"I had a physical injury, when I was being healed from that, going through the system, you know 'X' and those systems, I had to go and see a therapist to see that my pain wasn't all in my brain, and I said to her what I was feeling and sensing, that I am a sensitive person ... and different things like this, and she was open to receive what I, you know, she didn't dis anything I said at the time ... but when the report was done on me, I was quite disturbed to see that she said that I couldn't really be helped because I thought in too many alternative ways, and that really pissed me off, because that was only her judging me on how the system saw me, and I thought that was so wrong ... and I thought that was wrong because it didn't look at the whole of me, and because I believe that all aspects of us, whether they're physically eye seeing, or whatever, that is part of me, but it was put down that I thought too alternatively about the way my health was ... and so they thought ... I needed a lot more help because I was so different, but it said my physical ailment was real, and that I wasn't, what were the words, mentally unstable, I thought well that's very nice thank you, I knew I was completely sane." (12.9.7 & 8)

Positive experiences - other participants had affirming or supportive responses from those people they shared their experiences with:

"They were just sort of asking me questions about it I guess, yeah they thought it was quite amazing ..." (9.5.4)

"... the school when I explained it, they were very accepting of it ... they knew me well enough then, I'd been teaching at the school for three months before I told them that, so they knew me as a person." (5.9.1)

"... and I said, you're just going to think I'm mental, but this is what I saw, and she said, oh no, that's not particularly strange, for someone to see that kind of thing ..." (6.1.4)

Eight out of the twelve participants had blood relatives who had also reported either perceiving auras or other anomalous experiences, and several felt able to share their perceptions with family:

"I'd heard about it before I think, my mother used to tell me stories about, she used to, when she was a child, believe that she could see people's auras ... my mother and I will talk about it all the time ... and I guess ... if I did want to run away and tell someone about it or talk to them my mother would be the first person I'd do that, yeah." (9.3.1 & 9.7.10)

However, this was not always the case, as the following participant notes. She was one of three women who took part in the study who came from the same extended family in which anomalous experiences were quite common, however this had not necessarily meant sharing these experiences had been made easier from an early age:

"No I can't remember the first ones because as a child my mother discouraged me ... I suspect that she had been ridiculed, I never ever, I didn't ask her either cos she couldn't talk about it, she found it difficult ...it did worry me I think when

I was about 17 or 18 it worried me how come I knew this stuff and other people didn't, I think then I again tried to approach my mother on it, again she would say oh no, it doesn't exist, it's all right." (5.1.1 & 5.9.6 & 7)

Language Difficulty

Both in sharing their experiences with the researcher, and in discussing how they shared their experiences with others, participants consistently noted the difficulty of finding language that adequately expressed their experiences. This included language that expressed both the nature of the phenomena, and the nature of perception:

"I don't know whether I worried what they thought of me, but it just wasn't something recognized a lot ... yes, I don't know whether it's something ... it's something that's very hard to explain ..." (12.9.2 & 3)

"... and the only way I could describe it at the time was I said it's like sunshine because at the time he was sort of flowing, bright yellow because he was happy, so, but it's like, since then I've tried hard to describe it because it's, I suddenly thought ... how do you describe this thing ... what is it?" (1.4.6)

As noted previously the participants who described an empathic, sensing type of perception were more likely to comment on the difficulty of expressing their experiences:

"... like I don't really know how to explain what I sense but, I, um, um, yeah, I sort of, like it's quite hard to describe but I sort of sense things as well ... the thing is I guess I don't know to define the senses, the information that I get in my head ... (1.4.7 & 1.5.3)

"No I don't see them, it's a sense, yeah it's a sensitivity ... it's seeing without seeing ... but it feels like it's a visual image ... it's the hardest thing to try to explain in." (3.3.8-10)

Ethics of Sharing

With regard to the issue of sharing their experiences with subjects, four participants brought up the issue of the ethics of sharing their perceptions with the person concerned. This was particularly the case for participants who reported perceiving auras that indicated to them the person was upset or angry:

"... because people are not saying something and you know it, and you can't acknowledge it, or you can see the aura that they're very distressed, and they want to hide it, and if you acknowledge it, you will upset them even more ..." (5.10.2)

"I didn't tell her, oh god, I wouldn't tell anyone something like that, what good does it do them ..." (8.7.4)

Other participants felt it was important to respect others spiritual beliefs by not talking about things they knew weren't accepted:

"... and I also respect that some people don't like it, or don't want to hear it, it's against their religion maybe, and that's fair, to respect that ..." (11.11.4)

One participant recounted how an experience of another person sharing their perceptions of her energy field with her had shaped her thoughts about sharing:

"... in some ways I think it's a bit of an invasion, you know ... cos I taught a friend of mine to do it ... and he rang up one day he was concerned cos he'd been thinking about me and he could see two chakras that I was working off he felt that maybe I wasn't very happy, and I felt that that was a huge invasion of my privacy, and so since then I have really not used it unless I actually was working with someone and giving them Reiki and yeah, in an appropriate context, cos I don't think it is appropriate just to do it willy nilly." (2.3.2)

3.5 Making Sense of the Experience

This master theme emerged from participants' reports of their attempts to make meaning of their experiences on many levels. The variety of responses connected with this master theme, and again the blurring of material on perceiving energy fields with other anomalous experiences initially made ordering at a theme and sub theme level difficult.

Following extensive trialing of various frameworks and rechecking of the texts, it appeared this distinction in itself ordered the material in the most coherent way and suggested the themes which follow. Participants' attempts to make sense of their experiences appeared to be best described by the three interrelated themes of Making Sense of the Phenomena; Making Sense of the World, and Making Sense of Self.

Making Sense of the Phenomenon

This represents the first level at which participants attempted to make sense of their experiences, and refers specifically to making sense of the perception of energy fields, rather than anomalous experiences as a whole. Participants reported a variety of initial responses at the time of their experiences, followed by a more extended period of meaning making. There was a widely shared acceptance of the experience as a

natural although anomalous phenomena, structured around the concept of 'energy'.

Initial Responses - nine participants noted their initial response to their experiences. Given the anomalous nature of this phenomenon it is not surprising to find surprise and curiosity, although responses were not limited to these reactions:

"Ah, yeah, I was pretty blown away by it, and of course straight away I wanted to know what I was seeing, what it meant, you know ..." (2.2.9)

"...and I just thought, I said ... oh my god, look at that, that's incredible it's utterly amazing ..." (8.1.5)

"... I was absolutely amazed at this yellowness around his head ..." (11.4.6)

Only two participants referred to religion in describing their initial response:

"... and I kept looking to see where the light was coming from, I was looking around, there weren't any windows where this light was shining in and I was trying to make sense of why I could see this incredible light around them ... so I sort of took it on board and thought oh OK, maybe it was a religious experience I've had, so I thought of it that way ...and it was something I've never seen before and thought I was going a bit crazy ..." (6.1.1 & 6.4.2)

"...immediately I thought of ... growing up strong Catholic, I thought you know like in lots of pictures when Jesus comes out of the grave he has an aura, so I thought of that immediately ..." (7.5.1)

One participant who reported experiences from a young child noted a different response:

"... and I just thought that was sort of normal really, I didn't question it because when I was little I suppose I didn't know other people weren't seeing it." (12.1.4)

Subsequent Responses - this sub theme collected heterogeneous responses that appeared to refer to anomalous experiences collectively but all represent further attempts at meaning making over an unspecified time following initial reactions. Several participants came across, or sought out information from other sources which helped make sense of their experiences:

"...it wasn't until years later that I started reading about stuff that made sense of them, and putting them into any kind of context ..." (8.7.1)

"...and then I started to read a few books about other people having the same experiences, and realized it was quite a normal thing." (5.9.9)

Other participants considered then rejected the possibility that their experiences were a sign of psychopathology. It is notable that initial responses aside, no participant in the study concluded that their experience was a sign of mental illness, although many acknowledged that others might interpret such experiences in that way:

"... I feel quite strongly about the things that I believe in and I don't feel that I have some mental illness because of it, and I don't see it as a say a psychiatric thing I just see it as an extension of say the normal realm." (1.7.2)

"When I was 18 ... thought well, maybe, maybe I am a bit not right, but then other things happened and I realized I was absolutely normal ... " (5.9.10)

"I went through a phase actually of thinking people probably could quite easily label me that way ... because it's abnormal type of experience for many sorts of people ... we had discussions at length about this whole idea of how you would tell if you're nuts ...we were thinking well what do we know about people who have mental illnesses, they can't look after children, they can't, there's a lot of things they just can't deal with in life ..." (8.10.5)

Several participants reported a decreased interest in the phenomenon suggesting some degree of habituation and/or at least partial integration of the experience into their worldview as they made sense of their experiences over time:

"... it doesn't really interest me that much ... um, any kind of experience I have is quite spontaneous, yeah, I'm too busy to sit down and relax and do it ..." (4.1.8)

"...it doesn't, it didn't seem very useful to me, I mean, it's sort of like, so what ... it wasn't something I really wanted to focus my attention on, whereas for a while it was just to try and test out, try and work out what I was seeing so I would kind of concentrate my attention more on that but then I think I was probably more open minded to it ... whereas now I don't really care." (8.6.1)

For one participant initial connections of the aura with religion continued and stimulated further exploration in this area:

"... and it made me kind of start thinking about whether it was a religious thing, you know, started getting more into learning all about Christianity ... and you see in a lot of religious pictures that um, paintings, the halos of light around someone's head, and so I still connect it to that thinking ..." (6.1.4 & 6.5.6)

Natural Energy Phenomena - nine of the twelve participants reported making sense of their experiences as a normal and natural phenomenon - a possibly innate ability that could potentially be taught to others:

"... and I guess the way I see it is that I believe that everyone would be able to see auras, but some people, the way they're brought up, or the way they think they choose not to see them." (1.6.3)

"... so I think it depends where you put your energy and also I think there are techniques that you could show people on how to do it for themselves ..."
(8.11.1)

Eight of the participants referred to other family members who had reported perceiving auras, having other anomalous experiences, or having 'gifts'. Several conceived of their experiences as being a natural ability that was inherited through their family:

"... it's a sixth sense some families have, I think you inherit it, because I can trace it down ... I believe everyone has it, but they just don't use it, and are not as sensitive to it as other people ..." (5.11.8 & 10)

"... and one member of my family is highly spiritual, and basically this sensory gift is through that family line.:" (10.10.2)

Most participants repeatedly referred to the construct of 'energy' when discussing their experiences .

"... because they're finer energies, because they're more subtle ..." (12.10.8)

While at first glance this is not surprising given the phenomena is frequently labeled as an 'energy field', the use of such terms does indicate that in making sense of their experiences these participants located the phenomena within a scientific framework, despite it having little general scientific acceptance. One participant demonstrated this clearly in her first response to an invitation to talk about her experiences of perceiving:

"Energy's been a big part of my life since I was very little ..." (11.1.1)

Several participants also welcomed further investigation into the phenomenon:

"I'd just love to see some scientific investigation into it ..." (9.9.9)

Making Sense of the World

At this level of meaning-making participants appeared again to appraise anomalous experiences collectively in light of previously and commonly held beliefs of how the world works. This appraisal appeared to lead to changing worldviews and the development of new paradigms for participants.

Other anomalous experiences - this sub-theme collected a large amount of material, with eleven of the twelve participants referring to a wide variety of other experiences which could be similarly classed as anomalous. References to other anomalous experiences were spontaneous rather than directed by the researcher, although once brought up these were sometimes further clarified in the interviews. References to a large number and variety of other anomalous experiences amidst material related to the current theme suggested the perception of the human energy field was thought of not as an isolated experience but as part of a wider group of experiences that challenged traditional worldviews. Other anomalous experiences reported by participants included perceiving energy fields not only around people but also around objects and other living things:

"The other thing I wanted to mention is that I'm able to perceive the energy fields not only of people but of objects ... (10.8.3)

"Well with the trees ... well it was unusual ... I couldn't explain it to me, where this kind of light around the trees came from ... and I looked over to the trees I had this thing, sort of like a um ... like a band of white light around that group of trees ..." (7.1.1)

"... sometimes around plants more perhaps ... more the clear shimmering, I don't always see a lot of colour, it will be a bit of blue, quite often a bit of blue, but it's more just the clear ..." (12.4.8 & 9)

Individual participants usually referred to more than one other anomalous experience - the following participant reported general and specific precognitive experiences and being aware of non-physical people:

"I did know something bad was going to happen to this person ... and I spoke to one of the other women who I knew was a sensitive and said I knew that was going to happen, and she said I did too, but I couldn't say or do anything about it ..." (5.1.5)

"... and I just knew stuff, knew things about the kids in the class, and I knew what was going to happen before it happened ..." (5.6.1)

"Oh yes, very aware there are others [non-physical people], but they're often in a shadow form so I don't see them clearly, I just know that they are a man or woman or a shape of a person ..." (5.5.4)

Others reported sympathetic pain, psychometry and unusual imagery:

"... because say like I've got a connection with my mother ... like when I was in Sydney and my mum was in Wellington here and she got peritonitis and I didn't now that at the time but I was out with a friend, and we're out at the pub ...and

all of a sudden I got a really sore stomach, and just wanted to lie on the ground ... and the next day my dad called saying that mum was in hospital with peritonitis ... and I've never experienced pain like that before ..." (1.4.7 & 1.5.1)

"... I was holding objects that belonged to them, and kind of ... yeah, doing psychometry, and just could feel the energy and pick up all the experiences related to that person ..." (12.5.5 & 6)

"For twelve and a half hours and I saw images and things that I just don't discuss, and that was, it was like, you try and explain that to somebody ... and I mean if I was talking to a psychiatrist he'd say, yeah, drugs, hallucination ... but it was real." (3.6.10)

Changing world-views - participants talked about how their experiences caused them to question their beliefs about the world and led to the development of different belief systems. The effects of these changes impacted on behaviour, values and relationships:

"... I've actually found since I've had the experiences so many people have been drawn into my life that are like minded, and I've sort of moved in and out of a lot of peoples' lives, and the whole structure of my life has changed ... I've found difficulty maintaining relationships with them, because things that they find important are not important to me, I find less importance in materialistic things now, and I get frustrated at people's limited perception of what life is ... it's hard to explain, but the structure of your life changes ..." (4.5.1)

"... it just sort of changed my whole outlook on things ... yes, it's changed it, it's totally changed it ... I don't get as stressed out about things as much as I used to ... I guess I used to be very money focused and money driven as well, very materialistic ...but it's not a worry anymore ... so it's really changed my outlook on life totally. And I guess the hardest for me is when I see people in the same situation to be able to go up to them and say hey it's all right bro, I can't really just transmit what I know to them ... it's really hard to go up and say to somebody well what you're seeing with your eyes at the moment isn't all there is ..." (9.2.15 & 9.8.7. & 8)

"... belief system is that of course it means that spirituality is very dominant in my life, and that experiences which are not concrete are still there, and I believe in them totally ..." (5.10.3)

Making Sense of Self

Concepts of the self and how the world works are mutually dependent, and it is improbable that one could change without this impacting on the other. The ordering of this and the previous two themes under the master-theme is not meant to imply an order or causal direction to this process, as it is likely systems theory provides the best model for how such changes occur. There were many references to both participants' historical selves and their contemporary selves as they negotiated meanings of their experiences.

Historical Self - half of the participants spontaneously referred to their childhood selves in the course of the interviews - this appeared to be a way of retrospectively making sense of self in relation to later experiences. Several participants felt they had been somehow different as a child:

"...as a child, I look back now, and I always felt as a child that there was other life out there, I never accepted that we were the only ones, which is strange thoughts for a young child, and I had a huge fear of death as a child ... to the point where I wouldn't go to sleep at night yeah so I guess in my mind I always had these, I was a bit different, yeah." (4.5.4)

"... I'll start at the beginning but I'd like to talk about the end as well ... so at the beginning I was probably perceived as a very unusual person ... I'd tend to be on my own, and people because they saw how I was, they tended to sort of label me in my early years ... as different ..." (10.9.4 & 5)

Related to this sense of being different as a child were several reports of other earlier experiences suggestive of an extreme degree of empathic sensitivity. Participants described these experiences as confusing for their younger selves but later made sense of them as early indications of their sensitivity:

"... I've always had the ability to feel people's energy fields, sadness or happiness, but I walked a path earlier on in my life, when if I walked past three depressed people I would end up depressed ... and as soon as I sort of, started to understand what I was receiving from people I started to work out how I could turn on and off. Cos it is quite emotional ..." (3.2.5)

"I remember walking round, walking down the street ... people that walked past I'd get a wave of what was going on for them. Not thoughts, just how they were feeling, a feeling" (11.8.10; 10.9.1)

"... there are traits to us sensitives, and we don't discover it 'til much later on into our study and understanding that we realize oh, we had this all along ... I'd pick up on people's thoughts ... like I would know if they were angry, basically what emotion they were in ... and I was picking up on all this stuff thinking that it was actually my own feelings, and it wasn't 'til years later when I realized ... it's actually other peoples' stuff that I've picked up on ... so when I first started perceiving I guess other peoples' energy, I would literally take on their energy, so if they were angry, then I'd become angry ... it's only recently when I've learned to go oh, okay, and learned to distinguish and put in place like boundaries ..." (10.2.1 & 2; 10.6.6 & 7)

Several participants also referred implicitly or explicitly to traumatic experiences in childhood which they felt were somehow connected with anomalous experiences:

"... the first half of my life was quite scary ... as I said I didn't think I was mentally ill but I was always considered a bit weird, I was quiet, the quiet one ... and I have been called weird or strange or odd ..." (11.8.9 & 11.11.8)

"Because my childhood was a bit different and I had lost someone close to me, I mean I wonder now if I was particularly sensitive emotionally and so I was aware ... I think experiences that are emotional, do trigger, through the physical body that we live in, perhaps chemical reactions that do make heightened awareness of other aspects of ourselves ..." (12.7.8-10)

"... and I also believe that I developed that as a child very much, to survive certain things, not that I can't remember experiences, I sort of checked people out a lot, so I needed that bit, but I think being very vigilant and very in tune and reading people all the time, actually has developed that as well, to be able maybe to receive that ..." (7.2.10)

Contemporary Self - implicit references to changed meanings of self were found embedded in various material throughout the transcripts, and several participants commented explicitly on the effects of their experiences on their self-concept:

"... and I think that really challenged my beliefs about who I was ... because I guess I was more of the mindset that who I was was defined by what other people thought about me, and now I don't really think that at all, and it becomes really difficult when you're experiencing that to deny that, it becomes really difficult to do that ..." (2.7.3)

"... some people do give themselves a hard time for being extra sensitive, and or the society view of the, perception of the, oh you're just sensitive and weak, I used to call myself weak all the time, and luckily I've had people in my space helping to train me, or un-train me, of things that I've learnt. I've basically discovered who I'm not, rather than who I am, I'm now discovering who I really am, and it's sort of like, will the real me stand up again ... and I became to realize that the illusions that I brought into about what people perceived of me was just their stuff, so I started to see who and what I really was ... certainly made me appreciate myself a heck of a lot more ..." (10.6.7; 10.10.1; 10.11.8)

"... so in my early 30's finally I decided you know I better start accepting myself and learning about myself, and that's when I started not beating myself up so much about my oddities which aren't really that much ..." (11.12.2)

3.6 The Phenomenology of Perceiving the Human Energy Field

Participants in this study perceived the aura as white or coloured light or energy within approximately two feet of the body's outline; as a more proximal colourless shimmering space; as heat, cold, dullness or tingling perceived through the hands close to the subject's body; and in one account as a radiating star of blue light emerging from the centre of the subject's body. Reported properties of the aura as coloured light include it's reflection of the subject's mental, emotional and/or physical

state; that is it dynamic in relation to size and colour; and that there appear to be various layers.

Participants described a surprising range of perceptual modes, including normal visual experience; a mind's eye perception which had a very visual quality; an empathic, sensing perception; and a kinesthetic sensing. Some participants described these modes as 'crossing over' or combining at times, creating a multi-modal perceptual experience, particularly in the case of the visual image and empathic modes. The duration of perceptions of the aura ranged from a second to approximately half an hour, with some participants having a single experience and others reporting almost continuous experience if they chose. Perception was described as occurring during unremarkable states of consciousness ranging from 'normal' to relaxed and receptive, and descriptions were not suggestive of any type of pathology. Aura perception was also reported as occurring within the context of routine, everyday experience rather than in relation to exceptional social situations or specific environmental conditions.

All participants were cautious in sharing their experiences, usually choosing only to disclose to others who were likely to respond positively. Participants were sensitive to being ostracized, stigmatized or losing credibility through disclosure, and this reluctance was sometimes due to previous negative experiences of sharing. Some participants chose not to share their experiences with subjects because they felt this was an invasion of privacy and unethical. Finding language that would adequately express aspects of their experiences was another barrier to sharing identified by participants during the interview process.

In addition to attempting to make sense of aura perception, participants also reported having to reappraise their self-concept and their worldview as a result of their experiences. Initial responses to a first or novel perception of an aura brought amazement and curiosity for some and questioning of possible religious significance for others. Subsequent

responses included finding out more information from books; evaluating one's mental health from one's own and others' perspectives; and a lessening of interest as habituation occurred for frequent experiencers. Participants made sense of the aura as an energy field that had an objective external reality, and its perception was described as a natural and teachable ability. Aura perceivers make reference to a wide variety of other anomalous experiences in making sense of the world, and describe changing worldviews as a result of these collective experiences, including deepened spiritual development. Participants also appeared to make sense of self by describing themselves as 'different' or unusually empathic in their youth, and described changes to their self-concept as a result of their experiences which they felt were generally positive.

4. DISCUSSION

4.1 Mapping phenomenology to the four Models

Descriptions of the aura in this study are consistent with those proposed in the Psychical Model, and no accounts suggested novel or previously unreported features. Other features of energy fields described in Theosophical and general literature such as chakras and shapes were not mentioned spontaneously by participants in their accounts. When questioned further most participants had an understanding of the location and function of chakras according to this model, and several described sensing or seeing in their 'mind's eye' these purported energy centres in themselves or others, but no participants reported seeing them in a visual way as they did colours. Only one participant reported shapes in the aura and it was unclear whether she believed this to be a feature of the subject's energy field itself. The account of participant 8 is of particular interest in respect to the relationship proposed between aura colour and mental/emotional state in this model. The descriptions of the aura of a woman in a "terrible mood" as having a coating of "icky icky stuff" of a "grey brown red black colour" (8.4.6) is in complete accordance with Theosophical (e.g. Leadbeater, 1952) and general explanations of the colour-mood relationship. The other account by this participant of the colour of a friend's aura changing from yellow to purple as she began talking about an intense spiritual experience (8.5.1) also accords with proposed colour-mood correlations - yellow representing general intellect and purple pertaining to spiritual feeling. This account was the only specific example given of a colour change occurring simultaneously with a subjective change in the subject *during* a single episode of aura perception, and this instance stood out to the participant as providing evidence of how auras 'worked'. Descriptions by other participants of a grey colour or shadow in the aura of people known to have physical health problems is also in accord with Theosophical and other literature from this model.

The Scientific Model does not account well for reports of aura perception from the small number of participants in this study, or from wider sources. Explanations of the aura as optical illusion or unusual meteorological phenomena are clearly inadequate for making sense of perceptions that are reported in a wide range of environments, most of which are indoors. Descriptions of the colours of auras and their arrangement are qualitatively different from that reported in optical illusions or meteorological phenomena. Optical illusions, while possibly accounting for some experiences that may be labeled as aura perception, do not explain reports of the dynamic nature of the aura or how such experiences could persist over many minutes, or reports of kinesthetic perception. If seeing colours around others is a normal artifact of visual processes, albeit an illusion, then presumably this theory would predict that everyone would 'see' auras in the same conditions, yet this is not the case, even in ideal laboratory conditions (Dale et al, 1978). Aura reporters have also made distinctions between these two experiences which they report as qualitatively different.

Finally, the Scientific Model's 'last card' explanation of fraud to account for aura perception does not stand up to either the researcher's experience with participants or common sense. The researcher was repeatedly struck with the genuineness and integrity of participants, as other researchers have been in their interaction with aura reporters (Gissurason & Gunnarsson, 1997, pg 46). While participants were willing to talk about their experiences after being made aware of the nature of this study, they were unanimous in describing their caution in sharing their experiences due to possible ridicule or stigma. It is hard to imagine what they may have to gain by exposing themselves by repeated claims of fraud, and a rather colossal conspiracy theory would be required to account for the widespread false reporting of auras. Fraud is a neat and convenient explanation in the absence of compelling support for other explanations put forward under this model, but is inadequate to account for reports of aura perception in many cultures across thousands of years.

As noted previously the original or conservative form of the Clinical Model which holds that all experiences of aura perception are the result of pathology is defunct as a working theory as there is no supporting literature. Participants in this study were requested to self-screen for psychiatric conditions and drug use, and all appeared to be well functioning people who held responsible paid or unpaid jobs. While self-screening and the researcher's observations do not constitute rigorous assessment, the study findings suggest aura perception occurs in essentially 'normal' states of consciousness, and there were no descriptions suggestive of pathology. However, a number of findings from this study are relevant to the 'diluted' Clinical Model, such as participants' reflections on their younger selves as being somehow 'different'; the frequent reports of a high degree of empathic sensitivity; and references to traumatic experiences during youth. Participants 7 (7.2.10) and 12 (12.7.8-10) explicitly suggest a possible relationship between the effects of their early traumas and their perceptual experiences, mediated by heightened empathic sensitivity.

Two aspects of the Aura Imagery Model may map well to the phenomenological findings of this study - the concept of a continuum of perception and the concept of synesthesia. In outlining their model Gissurarson and Gunnarsson (1997, p. 45) state that:

"... on a phenomenological continuum, an aura image may range from a feeling to a real perception. This model would state that existentially, at one end of the continuum seeing the aura is what some people intuit about others: it is what they feel, think, and expect of other people ... at the other end of the continuum, we have the possibility that aura vision, as an interpretation of reality, actually becomes a 'real' perception, perhaps following reinforcement and learning through feedback."

The perceptual modes of empathic perception and regular visual perception described in this study could well be conceived of as lying at the 'feeling' and 'real perception' ends of such a continuum respectively, with visual image perception positioned between them.

The proposal of cross modal association through learning, a synesthetic like process or true synesthesia underlying aura perception also maps

well to some participants' accounts, particularly participant 3.

Gissurarson and Gunnarsson (1997) do not specifically state what they would consider would act as the eliciting stimuli, however using Cytowic's (1989) criteria, presumably ESP or empathetic sensitivity would need to be considered as discreet perceptual modes providing information that act as eliciting stimuli for the synesthetic visual response.

4.2 The Future of Aura Research

Despite the general conformity of accounts of the aura from this study with other descriptions in the literature, the heterogeneous aspects of accounts across individuals should not be overlooked. To increase construct validity of future research, terms and definitions should be made explicit and standardized for investigating the incidence of belief and experiences within populations and across cultures. The variety of phenomenological accounts should also be considered in attempting to test corroboration of reporting across individuals.

The findings of this study highlight the area of perception as being a promising focus for research in this field. Little attention has been paid to the phenomenology of perceptual states and sensations in the literature on auras, despite perception - whether 'normal' or pathological - being the cornerstone of several models proposed to account for aura perception. Findings suggest a need to pay close attention to the language of perception, with greater clarity and specificity being needed in order to better understand the experiences of aura reporters. Our language to a large extent both reflects our familiarity with, and promotes a shared conception of discreet divisions between the five traditionally accepted physical senses. The English language can also be considered somewhat 'visio-centric' in this respect, with many words and phrases used to describe non-visual perception, or even cognitive processes, having visual as well as other meaning.

Future studies should also be cognizant of the degree of sensitivity individuals have to being judged and stigmatized as a result of sharing their experiences. Researchers need to accept such concerns as realistic and understand they are often based on previous experiences of negative responses to sharing. This issue is likely to be even more salient when researchers are studying the experiences of individuals from outside of their own culture, where the difficulties of language and the potential for holding culture-bound assumptions is greater.

The wider implications of the findings in relation to sharing such experiences also need consideration. Not only have experiencers been reluctant to disclose their experiences due to fear of stigma and being labeled mentally ill, but there has been reluctance within academia to study such experiences for fear of the loss of academic credibility. This has resulted in a scarcity of research on such experiences, meaning there is little information to guide clinicians in discriminating between illness-related experiences and other unusual, but essentially benign experiences of their clients. The growing focus on early intervention in psychosis highlights this issue well. These initiatives are based on research showing that early medication and avoidance of the trauma resulting from prolonged florid psychotic states and concomitant hospitalization result in an improved prognosis (McGorry, 1992). This work relies heavily on the early identification of prodromal signs and symptoms of psychosis, which are often a collection of unusual perceptual and subjective experiences (Moller & Husby, 2000). While wholly well intentioned, there is potential for identifying 'false positives' in this kind of initiative due to the dearth of literature on the range of anomalous experiences. This danger is likely to be greatest to those from other cultural backgrounds, as language differences may create a greater barrier to adequately describe the nature of experiences, and there is a higher likelihood of beliefs and experiences being interpreted as early indications of pathology.

Despite the lack of research on this topic, the existing four model framework provides a number of directions for future research, some of which may be informed by the findings of this study.

While the Psychical Model provides a comprehensive explanation that accounts for a number of features and properties of auras not explained by other models, its premises remain to be validated by science. This lack of evidence aside, the usefulness of this model with its rich phenomenological material has not yet been fully explored, and many possibilities for further testing of this model remain. Collection of detailed qualitative material could continue with individuals found to report the most frequent or comprehensive experiences, and considered to see if they are congruent with Theosophical and other literature on the proposed workings of the aura. Descriptions of the aura of a single subject on one occasion could be compared across a number of perceivers. Accounts from those individuals reporting features of the aura they believe correlate with health status could also be similarly compared for a single subject on a single occasion and across time, then checked with medical history and assessment, building on the work of Karagulla & Kunz (1989). This model is also probably the best from which to gather cross-cultural accounts of aura perception, given it holds consistent phenomenological accounts to be valid evidence and does not assume claims are indicative of psychopathology or are fraudulent. The Psychical Model is ancient and versions of this model continue to be part of folklore in many different cultures. It has not been extinguished despite centuries of scientific method finding no evidence of auras as an objective reality, and appears likely to persist as an explanatory model amongst the general public.

New material proposed from within the Scientific Model, yet challenging its previous conclusions, seem likely to continue as development from within the natural sciences continues. The potential of this model for providing an explanation of aura perception has been constrained by conceptualizing the research question to be whether or not the aura has

an independent existence. Regardless of whether this is ultimately validated - and it would be prudent to consider it would not be the first time ancient folklore became contemporary science - other models would still be required to explain other aspects of aura perception.

The Clinical Model has much to contribute to the understanding of aura perception by further study of the developmental histories and individual differences in psychological functioning of aura reporters. The findings of this study suggest it may be profitable to further study empathic sensitivity in perceivers, as well as the relationship this may have to traumatic experience. Researchers working within this model need to continue to be cautious in their interpretation of what are essentially culture bound judgments about the nature of pathology, and in making conclusions based on positive findings of a single diagnostic criteria.

The Aura Imagery Model with its closer focus on perceptual processes also appears to hold promise for explaining reports of aura perception. Building on its suggestion of synesthesia as a possible underlying process in aura perception, future studies could parallel investigations already used in synesthesia research. Mapping of brain metabolism during perceptual experiences could be undertaken and compared across individuals; handedness, tempo-spatial ability and memory could be tested; and familial patterns of aura perception could be investigated.

It seems likely that the direction of the Clinical Model with its study of individual differences will at some time converge with the Aura Imagery Model with its focus on perception. Regardless of whether aura perception is ultimately shown to be based on an external reality, the result of synesthetic process or ESP, a comprehensive theory of aura perception would still need to explain why only some individuals report this experience. Given that one of the features most frequently proposed of auras is their correlation to psychological states, it would make sense to investigate whether those reporting aura perception could be more empathically attuned to others emotional states.

4.3 Limitations of this Study

While Interpretative Phenomenological Analysis was selected as being the most appropriate method to address the research questions, as with all approaches it has some shortcomings.

I.P.A. requires that participants communicate their experiences through language, and relies heavily upon the representational validity of language to adequately express these experiences. It is debatable how successfully this can be achieved for any experience, and particularly for those that present special difficulties in this regard. Participants in this study consistently expressed this theme in interviews, meaning the issue is especially pertinent for this study. It is difficult, however, to imagine a way of exploring the nature of this experience which does not depend on language, and to this extent this criticism is one that could be applied to any language based methodology.

It could also be argued that I.P.A. does not pay enough attention to the constitutive role of language. Proponents of social constructionist epistemologies would suggest that language *constructs* rather than *describes* reality, and prescribes what we can think, feel and perceive. To this extent it could be argued accounts of experiences say more about how an individual *talks about* a particular experience within a particular context, than about the experience itself. It may also be that the availability of a particular way of talking about an experience also provides the categories of experience, and therefore language precedes and thereby shapes experience. Studies of experiences which are particularly emotive or sensitive are particularly vulnerable to this criticism, and the extent to which participants' accounts then constitute suitable material for phenomenological analysis becomes questionable.

Another criticism leveled at phenomenological methodologies such as I.P.A. is that they hold reality to be that which people perceive it to be and are concerned with perceptions, and do not concern themselves

with making claims about the nature of the world itself. I.P.A. does not purport to account for why such experiences take place and why there may be marked differences between individual accounts - that is, this methodology describes and documents the lived experience of participants but it does not attempt to explain it. Inevitably, the researcher, (and probably the reader) arrive at a point where the questions about the origin and cause for the phenomena cannot be avoided. However, this however does not preclude such methodologies from informing and furthering conceptualization of little studied experiences, as it is hoped has been shown in this study.

4.4 Conclusion

This study used Interpretative Phenomenological Analysis to investigate reports of aura perception in twelve adults. Findings were considered in light of existing research and theorizing on the aura in order to suggest profitable directions for further research.

There have been many who have maintained that this topic is not the material of proper psychological research, however this study shows that issues of perception, cognition, neuropathology and psychopathology are central to any sensible study of aura perception. This makes psychology ideally positioned to play a central role in addressing this and other anomalous experiences by providing a research base from which cross-fertilization with other disciplines and subspecialties can proceed.

A psychology that cannot or will not account for anomalous experiences is a partial psychology at best, and marginalises the voices of those whose experiences do not fit with mainstream conceptions of reality. A privileging of quantitative methods in psychology has led to such topics being neglected, producing a distorted agenda of what counts as legitimate inquiry and an impoverished map of psychological knowledge. Psychology needs to become more open to research on a range of

previously neglected areas that are central to the psychology of everyday life, which can only lead to a better understanding of what it means to be human.

References

- Alvarado, C.S. (1987). Observations of luminous phenomena around the human body: A review. *Journal of the Society for Psychical Research*, 54(806), 38-60.
- Alvarado, C.S. (1996). Exploring the features of spontaneous psychic experiences. *European Journal of Parapsychology*, 12, 61-74.
- Alvarado, C.S. & Zingrone, N.L. (1994). Individual differences in aura vision: Relationships to visual imagery and imaginative-fantasy experiences. *European Journal of Parapsychology*, 10, 1-30.
- Bagnall, O. (1975). *The Origin and Properties of the Human Aura*. New York: Samuel Weiser, Inc.
- Baillie, C., Smith, J.A., Hewison, J. & Mason, G (2000). Ultrasound screening for chromosomal abnormality: Women's reactions to false positive results. *British Journal of Health Psychology*, 5(4), 377-394.
- Bentall, R.B. (2000). Research into psychotic symptoms: Are there implications for parapsychologists? *European Journal of Parapsychology*, 15, 79-88.
- Bernstein, E.M. & Putnam, F.W. (1986). Development, validity, and reliability of a dissociation scale. *Journal of Nervous and Mental Disease*, 174, 727-735.
- Besant, A. (1960). *Man and his Bodies*. Madras, India: Theosophical Publishing House.
- Besant, A. & Leadbeater, C.W. (1992). *Thought Forms*. Madras, India: Theosophical Publishing House.
- Blavatsky, H.P. (1950) *The Secret Doctrine: The synthesis of science, religion and philosophy (Vol 5)*. London: Theosophical Publishing House.
- Brennan, B.A. (1987). *Hands of Light: A guide to healing through the human energy field*. New York: Bantam Books.
- Brennan, B.A. (1993). *Light Emerging: The journey of personal healing*. New York: Bantam Books.
- Bryant, H.C. & Jarmie, N. (1974). The Glory. *Scientific American*, 231(1), 60-71.
- Buenting, J. (1993). Human energy fields and birth. *Advances in Nursing Science*, 15(4), 53-59.

Cardena, E., Lyn, S.J. & Krippner, S. (Eds) (2000). *Varieties of Anomalous Experience: Examining the scientific evidence*. Washington DC: American Psychological Association.

Carpenito, L.J. (Ed) (1995). *Nursing Diagnosis: Application to Clinical Practice*. Philadelphia: Lippincott.

Cayce, H.L. (1969). *The Edgar Cayce Reader*. New York: Warner Books.

Chapman, E. & Smith, J.A. (2002). Interpretative phenomenological analysis and the new genetics. *Journal of Health Psychology*, 7, 125-130.

Clarke, D. (1991). Belief in the paranormal: A New Zealand survey. *Journal of the Society for Psychical Research*, 57(823), 412-425.

Clarke, D. (1995a). Experience and other reasons given for belief and disbelief in paranormal and religious phenomena. *Journal of the Society for Psychical Research*, 60(841), 371-383.

Clarke, D. (1995b). The meaning of paranormal and religious phenomena: why New Zealanders believe or disbelieve. *Australian Parapsychological Review*, 20, 11-17.

Cohn, S.A. (1994). A survey on Scottish second sight. *Journal of the Society for Psychical Research*, 59(835), 385-400.

Cooper, I.S. (1964) *Theosophy Simplified*. Illinois: Theosophical Press.

Coyle, A & Rafalin, D. (2000). Jewish gay men's accounts of negotiating cultural, religious and sexual identity. *Journal of Psychology and Human Sexuality*, 12, 21-48.

Cytowic, R. (1989). *Synesthesia: A union of the senses*. New York: Springer-Verlag.

Cytowic, R. (1993). *The Man Who Tasted Shapes*. Cambridge MA.: The MIT Press.

Cytowic, R. (1997). Synaesthesia: Phenomenology and neuropsychology: A review of current knowledge. In S. Baron-Cohen & J. Harrison (Eds). *Synaesthesia: Classic and contemporary readings*, (pp. 17-39).

Dale, A., Anderson, D. & Wyman, I. (1978). Perceptual aura: not spirit but after-image and border contrast effects. *Perceptual and Motor Skills*, 47(2), 653-654.

Denzin, N.K. (1995). Symbolic Interactionism. In J.A. Smith, R Harré & L. Van Langenhove, (Eds). *Rethinking Psychology*, (pp. 43-58). London: Sage Publications.

Duncan, B., Hart, G., Scoular, A. & Bigrigg, A. (2001). The impact of iatrogenically acquired hepatitis C infection on the well-being and relationships of a group of Irish women. *Journal of Health Psychology*, 6(6), 679-692.

Ellison, A.J. (1962). Some recent experiments in psychic perceptivity. *Journal of the Society for Psychical Research*, 41(713), 355-365.

Flowers, P., Duncan, B., & Frankis, J. (2000). Community, responsibility and culpability: HIV risk management amongst Scottish gay men. *Journal of Community and Applied Social Psychology*, 10, 285-300.

Fraser-Harris, D.F. (1932). A psycho-physiological explanation of the so-called human 'aura'. *British Journal of Medical Psychology*, 12, 174-184.

Gallup, G.H. & Newport, F. (1991). Belief in paranormal phenomena among adult Americans. *Skeptical Inquirer*, 15, 137-146.

Gissurarson, L.R. & Gunnarsson, A. (1997). An experiment with the alleged human aura. *The Journal of the American Society for Psychical Research*, 91(1), 33-49.

Glaser, B & Strauss, A. (1967). *Awareness of dying*. Chicago: Aldine.

Goffman, E. (1968). *Asylums*. Harmondsworth, Middlesex: Penguin.

Griffin, David Ray (1997). *Parapsychology, Philosophy and Spirituality - A postmodern exploration*. New York: State University of New York Press.

Haraldsson, E. (1985). Representative national surveys of psychic phenomena: Iceland, Great Britain, Sweden, USA and Gallup's Multinational Survey. *Journal of the Society for Psychical Research*, 53, (801), 145-158.

Healy, J. (1984). The happy princess: psychological profile of a psychic. *Journal of the Society for Psychical Research*, 52(797), 289-296.

Heber, S.A., Fleisher, W.P., Ross, C. A. & Stanwick, R.S. (1989). Dissociation in alternative healers and traditional therapists: A comparative study. *American Journal of Psychotherapy*, 43(4), 562-574.

Hines, T. (2003). *Pseudoscience and the Paranormal*. New York: Prometheus Books.

James, W. (1958). *The Varieties of Religious Experience: A study in human nature*. Cambridge: Harvard University Press.

Jarman, M., Smith, J.A. & Walsh, S. (1997). The psychological battle for control: A qualitative study of healthcare professionals' understandings of the treatment of anorexia nervosa. *Journal of Community & Applied Social Psychology*, 7, 137-152.

Jarrett, N., Payne, S., Turner, P. & Hiller, R. (1999). 'Someone to talk to' and 'pain control': what people expect from a specialist palliative care team. *Palliative Medicine*, 13, 139-144.

Jones, W.H. & Zusne, L. (1981). Teaching Anomalistic Psychology. *Teaching of Psychology*, 8(2), 78-82.

Jung, C.G. (1965). *Memories, Dreams, Reflections*. Recorded and edited by A. Jeffe. New York: Vintage Books.

Karagulla, S. (1967). Breakthrough to Creativity: Your higher sense perception. California: De Vorss & Co Inc.

Karagulla, S. & Robertson, E. (1955). Psychical phenomena in temporal lobe epilepsy and the psychoses. *British Medical Journal*, 1, 748-752.

Karagulla, S. & Van Gelder Kunz, D. (1989). *The Chakras and the Human Energy Fields*. Illinois: Theosophical Publishing House.

Karp, R.A. (1986). *Edgar Cayce Encyclopedia of Healing*. New York: Warner Books.

Kenneth, J.H. (1932). A psycho-physiological interpretation of the 'aura'. *British Journal of Medical Psychology*, 12, 343-345.

Kilner, W.J. (1965). *The Human Aura*. New Jersey: Citadel Press.

Knudson, B & Coyle, A. (2002). The experience of hearing voices: An interpretative phenomenological analysis. *Existential Analysis*, 13, 117-134

Krippner, S. (Ed) (1977). *Advances in Parapsychological Research (Vol 1: Psychokinesis)*. New York: Plenum Press.

Krippner, S. (Ed) (1978). *Advances in Parapsychological Research (Vol 2: Extrasensory Perception)*. New York: Plenum Press.

Lange, R. & Houran, J. (1998). Delusions of the paranormal: a haunting question of perception. *The Journal of Nervous and Mental Disease*, 186(10), 637-645.

- Larkin, M. & Griffiths, M.D. (2002). Experiences of addiction and recovery: The case for subjective accounts. *Addiction Research and Theory*, 10(3), 281-311.
- Leadbeater, C.W. (1952). *Man Visible and Invisible*. Madras, India: Theosophical Publishing House.
- Leadbeater, C.W. (1991). *The Hidden Side of Things*. Madras, India: Theosophical Publishing House.
- Leadbeater, C.W. (1977). *The Chakras*. Illinois: Theosophical Publishing House.
- Marks, D.F. (1989). Construct validity of the Vividness of Visual Imagery Questionnaire. *Perceptual and Motor Skills*, 69, 459-465.
- McClenon, J. (1994). Surveys of anomalous experience: A cross-cultural analysis. *The Journal of the American Society for Psychical Research*, 88(2), 117-135.
- McGorry, P.D. (1992). The concept of recovery and secondary prevention psychotic disorders. *Australian and New Zealand Journal of Psychiatry*, 26(1), 3-17.
- Moller, P. & Husby, R. (2000). The initial prodrome in schizophrenia: Searching for naturalistic core dimensions of experience and behavior. *Schizophrenia Bulletin*, 26(1), 217-232.
- Myers, S.A. (1983). The Wilson-Barber Inventory of Childhood Memories and Imaginings: Children's form and norms for 1337 children and adolescents. *Journal of Mental Imagery*, 7(1), 83-94.
- Myers, A., Austrin, H.R., Grisso, J.T. & Nickeson, R.C. (1983). Personality characteristics as related to the out-of-body experience. *Journal of Parapsychology*, 47, 131-144.
- Neppe, V.M. (1984). The temporal lobe and anomalous experience. *Parapsychological Journal of South Africa*, 5(1), 36-47.
- Oldfield, H. & Coghill, R. (1988). *The Dark Side of the Brain: Major discoveries in the use of Kirlian photography and electrocrystal therapy*. Dorset, UK: Element Books Ltd.
- Oschman, J.L. (2000). *Energy Medicine: The scientific basis*. Edinburgh: Churchill Livingstone.
- Ostrander, S. & Schroeder, L. (1970). *Psychic Discoveries Behind the Iron Curtain*. New Jersey: Prentice Hall Inc.

Palmer, J. (1979). A community mail survey of psychic experiences. *The Journal of the American Society for Psychical Research*, 73(3), 221-251.

Persinger, M.A. & Valliant, P.M. (1985). Temporal lobe signs and reports of subjective paranormal experiences in a normal population: a replication. *Perceptual and Motor Skills*, 60(3), 903-909.

Peterson, J.W. (1987). *The Secret Life of Kids: An exploration into their psychic senses*. Illinois: Theosophical Publishing House.

Petit Neal, V. & Karagulla, S. (1988). *Through the Curtain*. Marina del Rey, CA: De Vorss & Co.

Reed, G. (1972). *The Psychology of Anomalous Experience - a cognitive approach*. London: Hutchinson & Co., Ltd.

Regush, N.M (Ed) (1974). *The Human Aura*. New York: Berkley Medallion Books.

Rosa, L., Rosa, E., Sarner, L. & Barrett, S. (1998). A Close Look at Therapeutic Touch. *Journal of the American Medical Association*, 279(13), 1005-1010.

Ross, C.A., Heber, S., Norton, G.R., Anderson, D., Anderson, G., Barchet, P. (1989). The Dissociative Disorders Interview Schedule: A structured interview. *Dissociation: Progress in the Dissociative Disorders*, 2(3), 169-189.

Ross, C. & Joshi, S. (1992). Paranormal experiences in the general population. *Journal of Nervous and Mental Disease*, 180(6), 357-361.

Soloman, J. & Soloman, G. (1998). *Harry Oldfield's Invisible Universe*. London: Thorsons.

Smith, J.A. (1995). Semi-structured interviewing and qualitative analysis. In J.A. Smith, R. Harré & L. Van Langenhove (Eds), *Rethinking Methods in Psychology*, (pp. 9-26), London: Sage.

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health*, 11, 261-271.

Smith, J.A. (1997). Developing theory from case studies: Self-reconstruction and the transition to motherhood. In N. Hayes (Ed), *Doing qualitative analysis in psychology* (pp. 187-199). Hove, East Sussex: Psychology Press

- Smith, J.A., Flowers, P. & Osborn, M. (1997). Interpretative Phenomenological Analysis and the Psychology of Health and Illness. In L. Yardley (Ed). *Material Discourses on Health and Illness*, (pp. 68-91). London: Routledge.
- Smith, J.A., Harrè, R. & Van Langenhove, L. (1995). *Rethinking Psychology*. London: Sage Publications.
- Smith, J., Jarman, M. & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds). *Qualitative Health Psychology: theories and methods*, (pp. 218-240). London: Sage Publications.
- Spinelli, E. (1989). *The Interpreted World: An introduction to phenomenological psychology*. London: Sage Publications.
- Tart, C.T. (1972). Concerning the scientific study of the human aura. *Journal of the Society for Psychical Research*, 46(751), 1-21.
- Tart, C.T. & Palmer, J. (1979). Some PSI experiments with Mathew Manning. *Journal of the Society for Psychical Research*, 50(782), 224-228.
- Truzzi, M. (1971). Definition and dimensions of the occult: Toward a sociological perspective. *Journal of Popular Culture*, 5, 635-646.
- Van Gelder Kunz, D. (1991). *The Personal Aura*. Illinois: Theosophical Publishing House.
- Westcott, R. (1977). Paranthropology: a nativity celebration and a communion commentary. In J.K. Long (Ed) *Extrasensory ecology: Parapsychology and anthropology*. New Jersey: Metuchen.
- White, J. & Krippner, S. (1977). *Future Science*. New York: Anchor Books.
- Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Philadelphia: Open University Press.
- Wilson, S.C. & Barber, T.X. (1982). The fantasy-prone personality: Implications for understanding imagery, hypnosis and parapsychological phenomena. *PSI Research*, 1(3), 94-116.
- Wood, E. (1924). *A Guide to Theosophy*. London: Theosophical Publishing House.
- Wright, S. (1991). Validity of the Human Energy Field Assessment Form. *Western Journal of Nursing Research*, 13(5), 635-647.

Appendix A

Semi-structured Interview Schedule

Details of what was perceived

- Can you tell me about a time you remember perceiving something around the body you labeled as an aura or energy field?
 - what did you perceive/what was it's nature/how did you perceive it
- Can you tell me about the first time this happened/can you tell me about any other times you have had a similar experience?
 - was it the same or different
- How many times have you had this experience?
 - how long has it lasted for on different occasions

The context of the experience

- Can you tell me about the situation in which this occurred?
 - physical environment/who was involved/what was the situation/how old were you/what was happening at the time
- Can you tell me about your state of consciousness when you had this/these experience(s)
 - was it in the range of 'normal'/how was it different

Making sense of the experience:

- What were your initial thoughts and feelings about this/these experience(s)?
 - did they change over time/are they different now
- Did you feel this experience gave you any information about the subject?
 - what they were experiencing/their health
- Did you tell others about this/these experience(s)?
 - what were there responses
- How do you make sense of this experience?
 - religious/other frameworks
- What have been the effects of this/these experience(s) on your life?
 - on your worldview, personal beliefs or values, lifestyle
 - how has it changed you
- Is there any other aspect of the experience(s) that we haven't discussed?
 - that is important to you/that stands out to you/that you want to add



THE EXPERIENCE OF PERCEIVING THE HUMAN ENERGY FIELD

INFORMATION SHEET FOR POTENTIAL PARTICIPANTS

My name is Shelley Cooper and I am completing a Master of Arts degree in Psychology at Massey University. My supervisor for this study is Mandy Morgan, senior lecturer at Massey University Psychology Department.

As you may be aware, the claim that humans have an *energy field* or *aura* surrounding and/or interpenetrating the physical body is a cornerstone of many ancient and current healing approaches, and central to understandings of health and illness in many cultures. People all over the world have reported perceiving these fields, and more recently others have claimed to be able to demonstrate the existence of these fields with newly developed technology.

Such experiences have remained unexamined within mainstream psychology due in large part to a lack of verification meeting traditional scientific standards. Our aim is to study the experience of people who report perceiving energy fields from a 'phenomenological' perspective - by gathering descriptions of individuals' experiences of perceiving energy fields in their own words, in order to better understand this phenomena and how people make sense of it for themselves.

As a participant in this study you will be asked to take part in an approximately 30-60 minute audio-taped interview, in which you will be asked to describe and talk about your experiences of perceiving the human energy field or human aura, and what this means to you.

Interviews will then be transcribed by the researchers and analysed to gain better understanding of peoples' experiences of perceiving energy fields. You will be asked to provide your name and contact details, and these personal details will be kept separate from the audio-tapes and transcripts which will be coded, so at no time will your responses be identifiable. Personal details will not appear in the completed study or any publications resulting from it. All material you provide will be kept in a secure place by the researchers during the course of the study. You will be advised by post of the completion of the study and provided with a summary or findings, and your audio-taped interview will be returned to you (or destroyed at your request) at this time.

Participation is completely voluntary, and if you choose to participate in this study you may refuse to answer any particular prompts or questions during the audio-taped interview, and/or request for the audio-tape to be turned off at any time. You may also withdraw from the study at any time until its completion in December 2002, and request that any material you have provided is returned to you or destroyed.

Please note that the focus of this study is not on phenomena either experienced during episodes of mental illness, or related to the use of recreational/illegal drugs. We therefore do not wish to include any persons who had their experiences while experiencing an episode of mental illness or were under the influence of drugs. If either of these circumstances apply to you, please do not volunteer to take part - no explanation is required.

If you have any queries or questions about participating or would like to discuss any aspects of the study further, either before giving consent or at any time during the study, please feel free to contact me at (04) 479 4644. Mandy can also be contacted at Massey University on (06) 350 5799 ext. 2063.

This project has been reviewed and approved by the Massey University Human Ethics Committee, PN Protocol 01/135. If you have any concerns about the conduct of this research, please contact Professor Sylvia V Rumball, Chair, Massey University Regional Human Ethics Committee: Palmerston North, phone 06 350 5249, email S.V.Rumball@massey.ac.nz





THE EXPERIENCE OF PERCEIVING THE HUMAN ENERGY FIELD

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular questions.

I understand the information will be used only for this research and publications arising from this research project.

I agree/do not agree to the interview being audio-taped.

I also understand that I have the right to refuse to answer any particular questions and/or ask for the audio-tape to be turned off at any time during the interview.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Address:

.....

Phone:

Date:

